Grandview Union Cem.

1201 N. Market Street

Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

E. Daileu & Son, PA

THE UNERAL DIRECTORY

7-13-1985

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

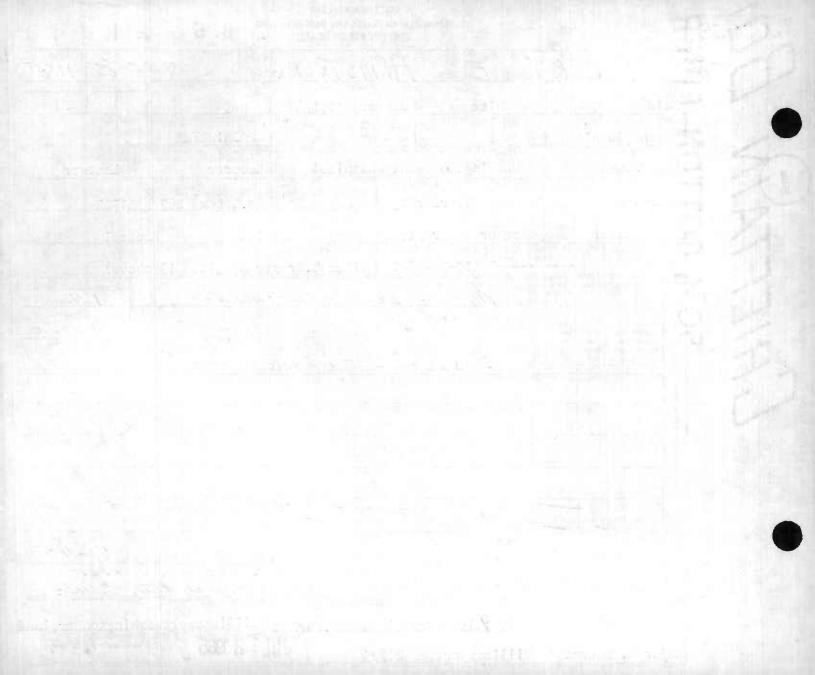
Strasburg, Tuscarawa, Ohio



STATE	OF MAR	YLAND
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8	5	
	REG. NO.	

202058	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	21040
e 4 moy be cror. page 3 softer death	3 SE	CEASED NAME FIRST POBER	J Sugene White	FRMSTRONO 5. Date of Birth MONTH January 11, 1940	20 DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY) 45 YRS.	DAY YEAR 26. HOUR 5 85 1/55 M
death. Pag	7a 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	MD. 12b. KIND OF BUSINESS OR
by the filed we	Ha	gerstown	Washington Co	ounty Hospital	(TYPE OF WORK FOR MOST OF WORKING Laborer	
should be	130.	AL RESIDENCE IF NURSING HOME OF STATE 136 COU Wash		N 134 INSIDE CITY LIMITS?	Rt.2 Box# 287	21722
complete		Chester		trong Mary Ma	ndelene K	aetzel
ond		WAS DECEASED EVER IN U.S. AI [YES, NO OR UNKNOWN] JIF YES, GI	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 219-36-3		nstrong (item 13	
strificote be g physicion onpopers. F emavol.		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), an ED BY: TE CAUSE (o) MASSIVE	LEFT HEMO	THORAX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOUR
deoth ce offending ove corb official, or r		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		AORTA	1 Houre
that the d by the ease rem al, crems or other ti		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		ANEURYSI	77
equires the signed Then ples reforming the single or respectively.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition G	IVEN IN PART 11a
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offendin offer this fer this os the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LATHOME STREET FACTORY, OFFICE F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or TTOR. At for use of Health		sow the deceased alive or	attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	75 , and that in (my) 4007 opinio	an death occurred on the date and he	our and from the causes stated
AL OR A the hos AL DIREC detoched detoched detoched detoched detoched	0	22b. SIGNATURE	Manh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL TO FUNERAL I should be deto with the State I	1	NO PHYSICIAN'S NAME (TYPE	ORPRINTI/MARSH, M.	1. D. 120 ADDRESS 239	ERSTOWN, M.	STREET D. 21933
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY	CITY OR TOWN	county State ashingtonMaryland
DHMH - 16 60M 7/84 (VRA 15, 4)	100	jor M.Osborne	Williamsport, M	250-6		S), ARSSIGNA, RE

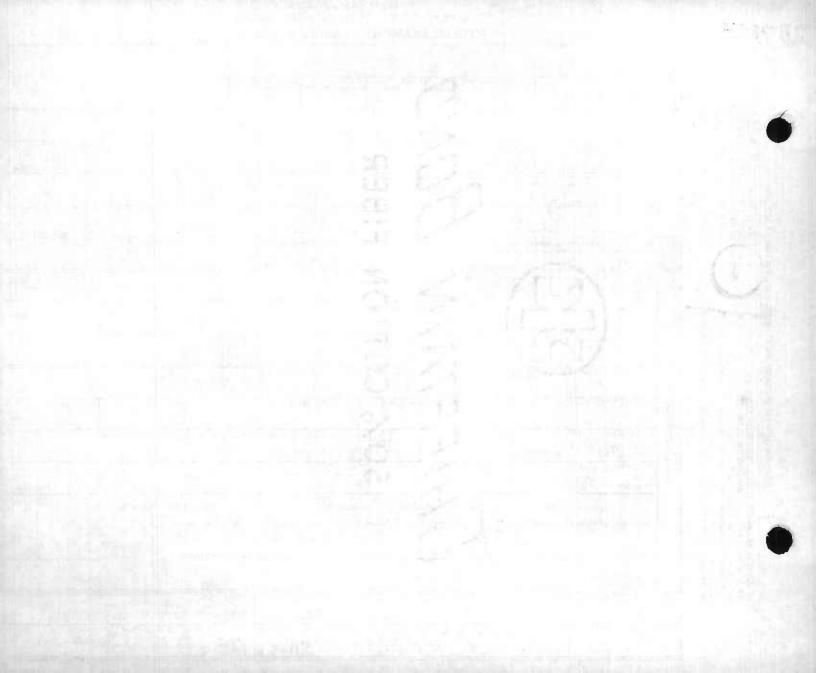


HARRIE mitte Teb. 25, 1906 Angel and the Lott symmetry of the Clayton Lycome bo --- 190-Re-0737 Jerry E. Hart Maderstown, Ma. 21740 northan, national reofphot lill come attack the variation, washington, Tonosor Funeral Home, Inc. Clear Spring A was a learner

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 20 DATE KNOWN X LTYPE OR PRINTS ESTI-Gerald Nelson Barnhart DEATH MATED 7/ 14/19 85 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED white male DEAD 19 85 Aug. 6, 1961 23 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED [DIVORCED [**IISA** Maryland Washington County IN CITY OF TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Washington County Hospital Hagerstown operator asphalt mfg. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS. 334 Jefferson St. Maryland Washington 21740 Hagerstown YES X NO 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Gerald Barnhart, Sr. Griffith Nelson Paulette J. 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR LINKNOWNS LIF YES, GIVE WAR OR DATES 220-48-3325 Gerald N. Barnhart, Sr., Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries MMEDIATE CAUSE (a)____ DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M.
CONTRIBUTING CAUSE OF DEATH 2:00 P.M. HOUR A.M. MONTH DAY YEAR 7/ 14/19 85 motorcyclist struck by hit and run auto 214 INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK #40,5 mile W. Huyetts Cross Roads, Wash., roadway Md. 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Accident K death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL AFTER DEATH MD Assistant 7/15/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) ___ADDRESS_ 111 Penn St 23c. NAME OF CEMETERY OR CREMATORY burial July 17,1985 Rest Haven Cemetery Hagerstown, Wash., Maryland 07/84 BP 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17**

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VR A15 ME (5))



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	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND A

ND MENTAL HYGIENE

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		CEASED NAME FIRST OR PRINT	Frances	BEA	RD	Jul4 3	MONTH DAY	3 /10	UR M
ALC: N	3.563	Female	White	5. DATE OF BIR	24, 19°05	6 AGE (IN WARS LAST BIR	YRS	HS DAYS HOURS	R 24 HRS MIN.
2		MARY LAW D	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Washii	ngtone	County	MD.
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2	m	AMESIDENCE IF NURSING HOLL	Prick Bruns	wiele YES	INSIDE CITY LIMITS?	130 STREET ADDRESS	1	har Ol.	See
1		William	Henry Lon		Minus	e Franc	27	Brown	
2		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC ZZJ-12	2-1416)	Line A.	Dosh -	Frede	rick h	l.
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/	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WA	S PERFORMED	20¢ AUTOPSY?		RE FINDINGS USE CAUSES OF DEA NO [TH?
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		saw the deceased alive an	tal) attended the deceased from 7 -29 -13 19 11 view the bady after death.			death accurred an the do		, that (1) (fram the causes st	
		22b SIGNATURE		DEGR	ATTENDING PHYSICIAN	MEDICAL STAF	F	7-30 -F3	
		22d PHYSICIAN'S NAME (TYPE C		//e	ADDRESS				
	23a B	Burial, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMET	le H.H.	23d LOCATION CITY OF TOWN	:1109	Wash A	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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_	REG.	NO.

198137	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 5 REG. NO.	21044
ge 4 may be ector. page 3		orprinty John Male	Rolling White	S. DATE OF BIRTH S. DATE OF BIRTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRATON	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
s after death. Par oy the funeral diri- iled within 72 hour	70. BI	RTHPLACE (STATE OR FOREIGN) OUNTRY) TY OR TOWN OF DEATH LEGS OWN	L CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN UF NOT IN BUCK FACILITY, GIVE STREE USAS NING GTON	MARRIED NEVER MARRIED UNIDOWED DIVORCED GOOD NORCED ADDROVED	9 BALTIMORE CITY OR CO VC. 120 USUAL OCCUPATION (TYPE OF WORLFOR MOST OF WO	Shence MD. M28. KIND OF BUSINESSER
d within 24 hours operating filled in Expended 2 should be fixed and a xominer must be	ψ <u>ξ</u> υ. 14. Ε.	AL RESIDENCE IF NURSING HOME OR CORNITATE APPLICATION OF THE PROPERTY OF THE	OTHER INSTITUTION GIVE RESIDENCE BEFORE 134 CITY OR TOWN ANDLE LAST	ADMISSION) 13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAI 15 MOTHER'S MAIDEN NAI 15 MOTHER'S MEDERNAI	MIDDLE	2 1000
ficate be executed by control of the	16a V	(IF YES, GIVE 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), on	1350 Alice A.	Be MODRESS	See # 13 APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
es that the death cert ned by the atter no please remove a the urial, cremation, v, or ather fraumati		Conditions, if ony, which gave rise to immediate couse loi, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		IN ALDISEASE OF CONDITI	ONICINENTIN BART LO
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DHMH - 16 60M 7/84 (VRA 15, 4)

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13125 1 - FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 2	1045
I DECEASED NAME IPE OF PRINT) DA EX	VID P. B	LICKENSTAFF	20 DATE OF DEATH MONTH D	S SILITA
& Male	4 RACE White	S. DATE OF BIRTH AUGUST 14,1914		FUNDER LYEAR OF UNDER 24 HRS
70. BIRTHPLACE (STATE COUNTRY) Hagerstown	, Md. U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Washington	OF DEATH MD.
Hagerstown		RING HOME OR OTHER INSTITUTION REET ADDRESS! HOSPITAL	126 USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING LIFE Sales Clerk	126. KIND OF BUSINESS OR INDUSTRY Jewlery Store
JSUAL RESIDENCE IF N Maryland	URSING HOM OR OTHER INSTITUTION, GIVE RESIDENCE BE TYEOGRAPH TYEOGRAPH 13. CT VOD TO MIDDIE	OWN 13d, INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS ZIP CODE Nation	al Pike 21769
14 FATHER'S NAME FIRST ASA	George Blickenst	15. MOTHER'S MAIDEN NA FIRST France	WIDDLE	Palmer
16g. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 166. SOCIAL SE 215-44		3211 DO OT Nat S R. Blickenstaff	ional Pike Middletown M
IN CAUSE OF DE PART I. DEATH	ATH (Enter only one couse per line for (o), (b), (WAS CAUSED BY: IMMEDIATE CAUSE (o)	Oplin AMARS +	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.
Conditions, if o gove rise to couse (o), ste underlying co	mmediate DUE TO, OR AS A CONSEC	red Immune Upt	Ficiency Syndrom	e 140a
PART 2 OTHER S	GNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART No

90 DATE OF OPERATION CERTIFICAL 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [216 HOW INJURY OCCURRED (ENTER NATURE OF 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE STREET WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from (we) lost 4 sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

22b. SIGNATURE

(TYPE OR PRINT)

236 DATE

7-29-85

230 NAME OF CEMETERY OR CREMATORY
Lutheran Cemetery

22e ADDRESS

DEGREE

ATTENDING

Middletown, Frederick, Md.

John H. Bast, Jr.

Boonsboro, Md. 21713

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STAFF

DIRECTOR PHYSICIAN

JUL 3 0 1985

MEDICAL

the Tavidson-Pandale

224. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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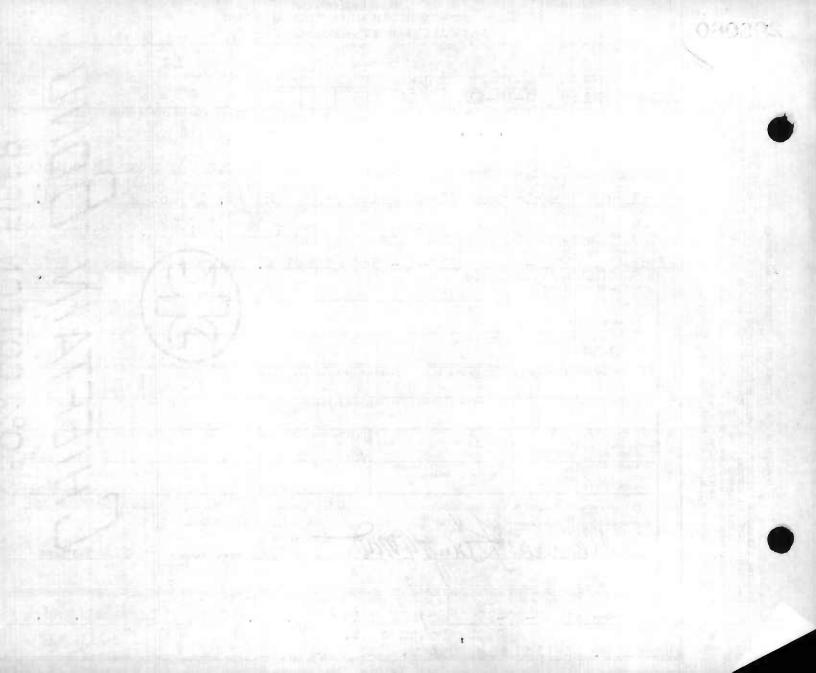
longrations, M. U. S. A.

John H. Bast, Att. Stoneboro, Md. 27713

8 miles 7-29-35 intheren Cemetery Midoletonny Presenter. Mrs.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 206060 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH C REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Kevin G. Bowman 7-16 1985 2d HOUR 10:56 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS SEX DATE YE AR 4-18-61 EAST BIRTHDAY) PRONOUNCED Thite 1985 DEAD 7-16 D. M Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED [DIVORCED Washington County, 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS O CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Washington County Hospital Press Operator Machine NN P Hagerstown UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) la STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Washington NO RA [arv] and earspring Vid 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Richard Ethe Elizabeth Faircloth Bowman 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DIVISH 279-78-9364 Ethel Faireloth same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL INTERNET PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALOS OF THE CHIEF MEDICAL EXAMINER ALOS OF A SHOULD BE USED AS A BURIAL-TRA IST FEMALE AFFER BATH WITH THE PAGE 3 SHOULD BE USED AS A BURIAL. THAT SHOULD BE USED AS A BURIAL HAND MENTAL HAGENE BALTIMORE, MAY LAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMAINED. PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING XX OR MEDICAL CONTRIBUTING CAUSE OF DEATH 10:05PM 7-16 19 85 driver of auto lost control struck quardrail 216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME. 216 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 63 south of Broadfording Rd., Hagerstown, road Washington Co., Md. Autopsy XX 22s. I certify that I took charge of the remains described above, held on Inspection Undetermined manner death resulted from Hamicide TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 7-17-85 SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE Clearspring Wash. Broadfording Mem. Gd. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 305 Potomac St. DHMH - 17 Tu walkason Mande 12 'R A15 ME (5)) Hagerstown, Maryland Minnich

STATE OF MARYLAND



STATE OF MARYLAND

8	REG. NO.	2	1	0	4	1
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210130) 1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENE 8 5 NO	. 2	10	41
sh 3		PE OR PRINT)	Helen		MIDDLE Juanita	-	NDENBURG	July	10 19	YEAR 85	7: 40 pm
1	3. \$	Female		4 RACE Whi	Lte	S. DATE C	rch 7,1913	6 AGE (IN YEARS ON BIRT	YRS.		HOURS MIN.
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mpletely and 2 st	2 14	FATHER'S NAME FIRST Earl	,	AIDDLE	Wolfe		15. MOTHER'S MAIDEN NAM Blanche	Ethe]		Ecca	
Poper Poper	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	216-07-8		Mr. Samuel Ru	ADDRE le Brandenbi			
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equires that the deet is signed by the attent then please tember to buriol, crementon njury, or other traum	CERTIFICATION	Conditions, if ony, gave rise to improve (o), stating underlying cause PART 2 OTHER SIGN	nediate g the last.	DUE TO, C	OR AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM				thin
Nysician reate has beer ronsit permit. Hygiene prior 18 shows any i		190 DATE OF OPERA	TION	19b COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WI IN CERTIFYING YES		
YSICIAN: The ding physicials certificate puriol-transit Mental Hygist Ct. Hern 18 shows the month of the mont	MEDICAL CER	On COLUMNICATION OF	CAUSE OF DEA	TH HOUR A	.M, MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
NG PHY offer this os the bu	MED	AT WORK AT WO	RK R	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDI Septiol or SCTOR: A d for use t of Heol		22a I certify that (I) saw the decease	ed alive an	July	19	, at	nd that in (my) (aur) opinian	death accurred an the de	the and hour an		
by the hore detachers of the Directory o		Glice	4	7. 4	tura	,	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAI	FF IAN 🗆	7/10	18
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT: If		G CORI	4	F. J	Pura	M.D	339 € - 1		8T- At	CHE	Touch the
BP	23	BURIAL, CREMATION,		July	14,85 G	reen	EMETERY OR CREMATORY Hill Cemetery	Waynes bo			
DHMH - 16 60M 7/84 (VRA 15, 4)	24	Davis Fun	eral	Home	Smithsbu	rg, Md		1 8 185	255 REGISTRAR	SSICHALI	Hill !

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17011	1.	FOR STATE REGISTRARMILDREI		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 REG. NO.	2 1 0 4 8
ay be oge 3 death		CEASED NAME FIRST	and Snyder	Brill	20 DATE OF DEATH MONTH	24 85 9 45 A
ector, po	3. SE.	emale	White	feb. 11, 1899	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
neral dir		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	SHINGTON ME
by the further demands of the further demands		agerstown	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESSION HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Registered N	12b. KIND OF BUSINESS OR
filled in rould be formustibe	130 5	STATE 136 COL	DROTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 13t. CITY OR TOW	I 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CC Route # 9 B	21740 ox 128-A
ompletely and 2 st	14. EA	THER'S NAME FIRST Daniel	Franklin Sny	der Anna	Matilda	Leiter
in and co		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	JRITYNO. 17 INFORMANT 3532 Lewis R. B	Rôute # rill Hagerst	
res that it death the grad property of the other training the principle of the property, or other training.		Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)		nt Disease or condition of	SIVEN IN PART TO
the low require to the box been significant. There is the prior to the shows ony injur	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOW IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
S PHYSK IAN: offending physic this certificat the burial-trons and Mentol Hyg ked or item 18 s	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOTIFY OF THE AT WORK AT WORK		19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?) COUNTY STATE
Spital or ospital or of for use os to Health		220 I certify that (1) (this has saw the deceased alive a above, (1) (worldid) (d.d.)	poital) attended the deceased from 19	- the men in the property opinion	death occurred on the date and h	
by the hore seederochecker State Dept Ant. If then		22d. SIGNATURE	X.4 LeOules	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED ST
to HOSE etoined TO FUN should b with the	22 /	HIBIAL CREMATION PENOVA	N. Weeks	São Nort	in Av theger	tony lud

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 7-28-85

24 FUNERAL DIRECTOR

/eeks

Bakersville Cemetery Bakersville, Washington,

Hagerstown, Md 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

A.K. Coffman Funeral Home, Inc.

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sacception. Machineron Courty Rosel to

A. Confess, Puneral Bone, Inc.

. Sh. . manuaraces

; 20 -85 . Hatersville Courter withelersville, vashanoton,

A-MEL MOSE STUCK

14.1 March 1981, 166. 23 74.9

A-821 You 1 28-A

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 5 NO.	2	1	0	4	5
		-	-		

1-	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5 NO.	21049
	CEASED NAME FIRST Edna	Melson	Bull	20. DATE OF DEATH MONTH	9-85 11:42 #
3. SE.	X	4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
E	EMALE	WHITE	8-8-1918	12.00	YRS
7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED M NEVER MARRIED	9 BALTIMORE CITY OR CO	
10 6	ITY OR TOWN OF DEATH #	USA	WIDOWED DIVORCED	WASHING 7	126 KIND OF BUSINESS OR
1/1	CEPC TOLAN	(IF NOT IN SUCH FACILITY, GIVE STREET	et ADDRESS)	TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY
1	AL RESIDENCE I IF NURSING HOME OF STATE I 30. COU NO. ATHER'S NAME FIRST	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 136. CITY OR TO	DRE ADMISSION)	130 STREET ADDRESS / ZIP	I MAIACAC
J	OHN WILLI	AM NCLSO	7.777	ole Dewe	Y NELSON
		RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 579-09	2-3939 CHARLES	BULL BER	
	PART I. DEATH WAS CAUS	anly one couse per line for (o), (b), c (ED BY: ATE CAUSE (o)	icular asysto	le	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIGHT ES
z	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Diabet.	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		J
CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{T} \)
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETTHER NOTIFY MEDICAL EXAMIN	EAIR	DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased olive a obove, (1) (west (did) (did n	ntal any depths deceased has in_ iot) viewhe body after death.	7-6 25 19 7	to fully death accurred an the date an	, 19 , that (I) feet lost and have and from the causes stated
	226. SIGNATO	frencer	ATTENDING PHYSICIAN	DICAL STAFF DIRECTOR PHYSICIAN (221. DATE SIGNED [21. 0 ATE SIGNED [20. 1965]
	22d PHYSICIAN'S NAME	Spencer	119 ADDRESS 119 Pkark		erstown M2:
	BURIAL, CREMATION, REMOVA	L Mb. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BURIAL	10-12-861	11. PLEASANT	PROVOIGI C	M 400/011 4/1/

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

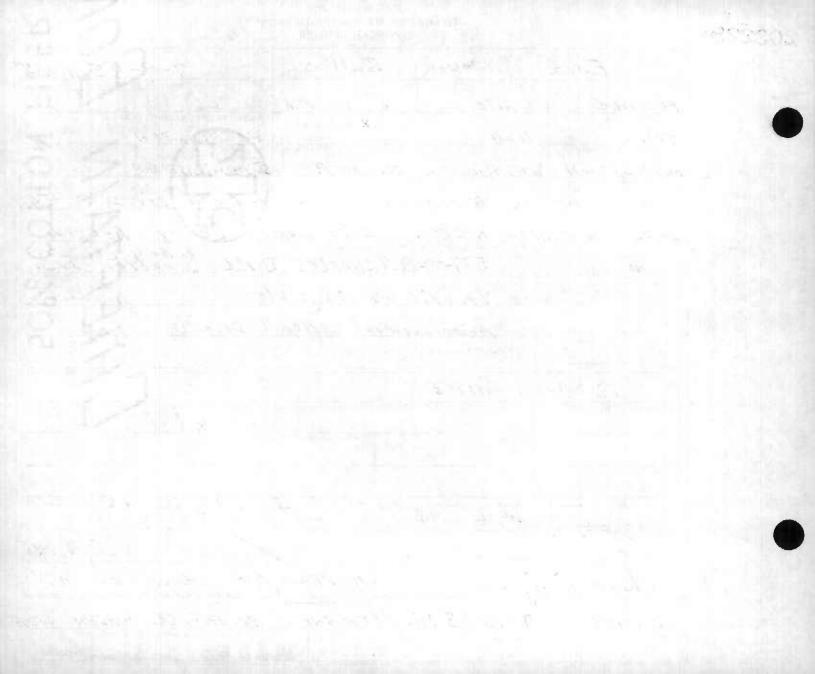
should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygene prior to burial, cremation,

MPORTANT: If Hem 21 is marked at Hem 18 shares

ATTENDING PHYSICIAN: The low

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



189093	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 2	1050
noy be poge 3	1. DECEASED NAME FIRST (TYPE OR PRINT)	J J.	CHAPMEN	20 DATE OF DEATH MONTH T	26 HOUR 730 A
Page 4 mo director, po nours ofter 6	3. SEX	1 RACE	5. DATE OF BIRTH MONTH L 8 1898	6 AGE (IN YEARS LAST BIRTHDAY), YRS	IF UNDER) YEAR IF UNDER VI HRS.
nerol nerol	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kingsville Md	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	
in by the tu	10 CITY OR TOWN OF DEATH Hagerstown	Washington Co.	Gen. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE R. R. chief of pol	
y filled in by it should be filed be filed by the should be filed be filed by the should be	Md Was	RE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 131. CITY OR TOWN Shington Hagerstor	N 136 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CODE 12 Cypress St.	21740
mpletely ond 2 s	14 FATHER'S NAME FIRST Walter	J. Chapman	15 MOTHER'S MAIDEN NA FIRST MEY	Josephine	Altvater
De exe	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? 166 SOCIAL SECU 705-10-6		ine Piquitt, Jopp	
g profit	PART I. DE ATH WAS CA	er anly ane cause per line far (a), (b), and USED BY: DIATE CAUSE (a)		Til. 9 Upuja	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce d by the ottendineses remove carb al, cremation, or in other troumatic.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE			
n. as been signed bermit Then pl ne prior to buri ws ony injury, o	PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Profite Asour	DEATH BUT NOT RELATED TO THE TERM DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES	were Findings used YING CAUSES OF DEATH?
SICIAN: The ng physicio physicio certificate huriol-tronsit lentol Hygie them 18 sho	OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH DA	Y YEAR	YES NO YES	
attending PHY attending of the bulker of the	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENUII spital or CTOR: A d for use t. of Heoli n 21 is ma	saw the deceared alive	aspital) attended the deceased fram— c an————————————————————————————————————		death occurred an the date and hour	19 <u>25</u> , that (I) (we) last r and from the couses stated
y the hory the hord defoched tate Dept	22h SIGNATURE	- J. Weels	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
o FUNE hould be with the S	226. PHYSICIAN'S NAME (T	N Weeks	580 New Th	who Hagevita	ay led

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 7-6-1985 Burial

234 NAME OF CEMETERY OR CREMATORY
St. John's Episc. C. C. Kingsville Baltimore

DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE F. Lassahn.11750BelairRd.Kingsville, Md. 21087

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEAL

ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8
LAST	20. DATE OF I

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	1 0	~ !	
1. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		Y YEAR	26. HOUR	
(TYPE OR PRINT) Le		Vin	cent	CHE	ENEY	July 31,	1985		11:30	OM
3 SEX		4 RACE		5 DATE		6 AGE (IN YEARS LAST BIR		UNDER I YEAR		
male		whi	te	June	3, 1916 YEAR	69	YRS	DAYS DAYS	HOURS M	IZ.
To. BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYO	F DEATH		
Maryland	9	USA		WIDOWE		Washir	gton		0.340	MD
10 CITY OR TOWN OF DE Hagerstown	1	Washi	ngton Cou	inty F	or other institution lospital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Chief sans	F WORKING LIFE)	INDUSTRY	OF BUSINESS	_
USUAL RESIDENCE IN NUR 130. STATE Maryland	1136 COUN	other institution ity ington	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Hagersto	N		13e. STREET ADDRESS 1302 Or	chard	Hills	21740 Parkwa	ıy
Harold		MIDDLE	Cheney		Nellie	WIDDIE		Walte	ers	
160 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
NO OR UNKNOWN)	(IF TES, GIVI	E WAR OR DATES	214-05-4	550	Esther Che	ney, Hagers	town,	Md.		
Canditions, if any gave rise to im cause (a), stati underlying cause	mediate ng the last.	(b)	R AS A CONSEQUE	NCE OF	AR RUPTURE WIT	TAMP	ONADE		ENTS	
PART 2. OTHER SIG					NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDIN	NGS USED	
OR CONTRIBUTING	CAUSE OF DEA	10	M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCURR				по	
ZId INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
220 I certify that (I) saw the deceas abave (I) (We) (24		15 , 19 85 ad that in (my) 🕬 apinion d	, toJULY_31 leath occurred an the do	te and hour a	85 , and from the r	that (I) (XXIII causes stated	ost
22b. SIGNATURE	rul	w. Di	How	ES		MEDICAL STAF	F IAN 🗀	AUG.		35
EDWARD			. M.D.		22e ADDRESS 217	WEST WASHI		TREET		

230. BURIAL, CREMATION, REMOVAL 236 DATE buria1 Aug.3,1985

23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. Park

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

415 E. Wilson Blvd., Hagerstown, Md. 21740

Pagerstown, Wash., Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

08:41 CHIT VENTRICUEAR HUPTURE HITE CANDIAS ALCOMET W VEG NAME OF ewit i . nus TENTE KUTS IN AN TEST SIN CONANG M. WITTO, III, MAYIS GRADVEAN . MAYLAND SIVER

my memory one oder

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE 213040 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME DATE KNOWN MONTH TTYPE OR PRINTE OF ESTI-E FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS DEATH MATED 6 AGE (IN YEARS DATE OF BIRTH SEX IF UNDER 1 YR IE UNDER 24 HRS DATE 7d HOUR LAST BIRTHDAY PRONOUNCED 143 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TO THE F 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION 126 KIND OF BUSINESS PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 3 PYS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES T NO [1 AND 2 S 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Lrank 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS (YES, NO, QR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CARS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which BURIAL TRAN gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in USED AS A B CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? PRIOR TO BURIAL, 20 AUTOPSY? YES DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 71e PLACE OF INJURY TATHOME. 211 LOCATION AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted from Suicide Homicide Undetermined manner TITLE (SPECT ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR **DHMH - 17** (VR A15 ME (5))

71.2 E - 7

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR DECEASED NAME

FIRST

Marie

4. RACE

MIDDLE

Emma

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CONNER

5. DATE OF BIRTH

ENE	8	REG.	NO.
2a. D	ATE O	F DEATH	MONTH

July 11, 1985

& AGE (IN YEARS LAST BIRTHDAY)

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2	1	U	-

IF UNDER TYEAR

26 HOUR

IF UNDER 74 HRS

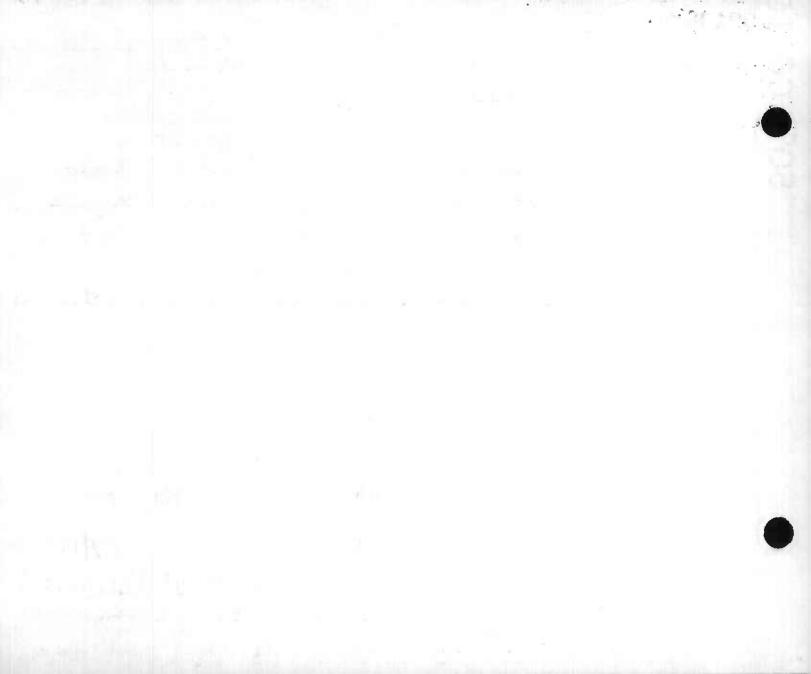
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

female			white			. 14, 189	8	8	6	YRS.	THS DAYS	S MOUR	MIN.
	RTHPLACE ISTATE OR F COUNTRY) Marvland	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARI	RIED CED TX		echy <u>or</u> co hingtor		DEATH		M
10 C	ITY OR TOWN OF DEA	TH 1	1. NAME OF I	HOSPITAL, NURSING	G HOME C		L.E.F	12a USUAL O	CCUPATION FOR MOST OF WOR	RKING LIFE)	126. KIND INDUSTR'	Υ	
	Hagerstown	ING HOME OR C		otomac Hei				are	tary		nosp.	Ital	
13a. S	Maryland_	136 COUN		13c CITY OR TOWN	N	LAP		12 S	DDRESS / ZIP • Walnu		• .	2174	0
14 F/	Samue1		P.	LAST Me]	lown	15. MOTHER'S MA		ME	WIDDIE	E	dwar	ast ds	
- (VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	220-28-9		Marie B	erry	, Hager	address stown,	Md.			
	PART I. DEATH W	AS CAUSED		line far (a), (b), and	fely	- Ceru	~~	e of	brea	est	APPRO BETWEE	OXIMATE IN N ONSET A	ITERVAL IND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CO			R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ITION FOR WHICH OPERATION WAS PERFORMED				INAL DISEASE	25Y? 20b	ON GIVEN	VERE FIND	OINGS US	
				FINJURY M. MONTH DA	21c HOW INJUR	Y OCCURE		NO	YES [NO		
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURF WHILE NOT WHAT WOR 22a. I certify that (1) saw the decease above, (1) (we) (c	(this haspited alive an _	al) attended th	OF INJURY REEL FACTORY OFFICE FA	4	211 LOCATION STREET . 1	9 6 5	to	an the date a	19,	COUNTY	., that (I	STATE) (we) los
	276 SIGNATURE	AME (TYPE OR	A (la 1	1		NDING SICIAN	MEDICAL MIRECTOR E	STAFF PHYSICIAN	lle	22c. DA 7	E SIGNE	loj-
	BURIAL, CREMATION, Cremation	REMOVAL	236. DATE			EMETERY OR CREA		Smit	hsburg	, Was	h.,	Mary	1and
	UNERAL DIRECTOR	MINN son B1		NERAL HOMI ngerstöwn		21740	25a. DAT	E REC'D. BY RE	GISTRAR 251 F	REGISTRAI	R'S SIGNA	ATURE Pand	482

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 204005 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH LIVEE OF PRINTS COOK OF ESTI-KIMBERLY 6 AGE (IN YEARS | IF UNDER 1 YR. S. SEX 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED (0:00. White May 31, 1962 DEAD Female. 23 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON West Virginia USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH Beautician Hagerstown Washington County Hospital Shop | 134 INSIDE CITY LIMITS? | 136 STREET ADDRESS | YES □ NO 🛛 | Jefferson Pike Jefferson Frederick Maryland LEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jerry Patsy Everhart Jean 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS Route 1, Box 1347 236-11-4454 Jerry M. Everhart - Harpers Ferry, WV 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH INTRACRAVIAL HEMORPHAGE-N-853 DUE TO, OR AS A CONSEQUENCE OF SKULL-N-803 AND CEREBRAL CONTUSION-U-85) 23 AXS Canditions, if ony, which gave rise to immediate cause (a) stating the underlying couse lost. MOTOR VEHICLES COLLISION - E-812 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 LACERATION, LIVER & SPLEET 190 DATE OF OPERATION 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK 22¢ I certify that I took charge of the remains described above, held on Autopsy death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 7-11-85 SIGNATURE MILIC, M.D. HAGERSTOWN-MD-21740 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Harpers Ferry, Jeff., WV Silver Grove Cem. 7/14/85 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Robert L. Spencer - HARPers Ferry, WV 25425 - Laurdson Gandale (VR A15 ME (5))

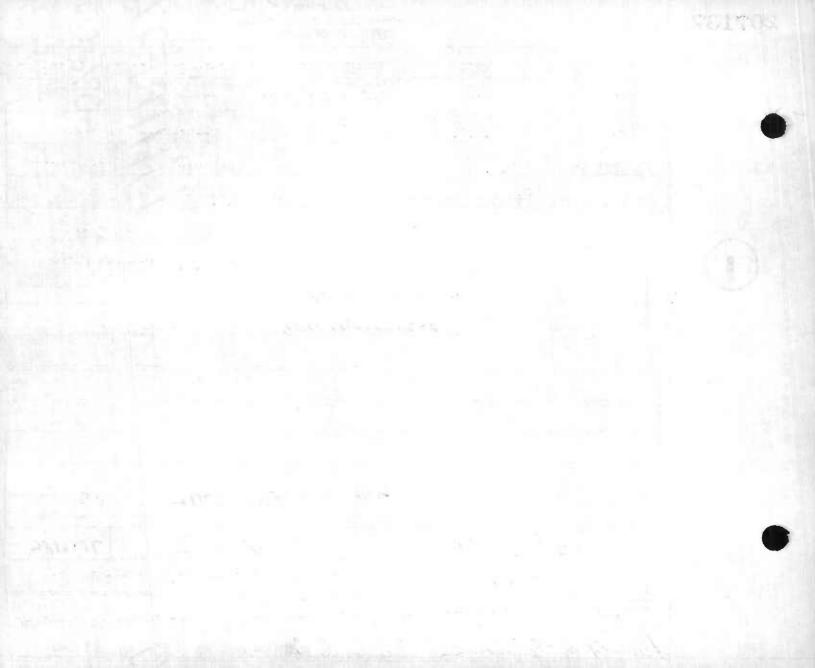
3001 15 MICH 58 TH-T MOTOWIARADU AST - CONTRACTOR OF THE CONTRACTOR FX CRUID IN SUL AND SEVERAL CONVERNMENT BORD X 5-17-39 MORILLA 18 12 31 31 +30 131 161 Pay Colfes and the State of the Colfes of Santa) are support to the state of the Colfes of the Colfes

OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR DECEASED NAME 845 ESTI-DEATH MATER IANE OVEL 3 SEX DATE OF BIRTH AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY) 29 DEAD WHTTE Eemale 9. BALTIMORE CITY/OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED X MARYNAND Washington County U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Construction Washington County Hospital None Hagerstown 13489 Reed Rd./21788 13d. INSIDE CITY LIMITS? Frederick Thurmont Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Whittaker McVicker Linda NMT James L. 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 3489 Reed Rd. 60 AWAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Thurmont, Md. 21788 219-66-3307 Linda Whittaker None No 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING TO CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY If LOCATION AT WORK 27a I certify that I took charge of the remains described above, held an and in my apinion death resulted from: Undetermined manner PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c NAME OF CEMETERY OR CREMATOR Frederick Md. July 27.1985 Blue Ridge Cemetery Thurmont 07/84 Burial 25M 24 FUNERAL DIREC 25a. DATE REC'D. BY REGISTRAR 615 E. Main St. **DHMH - 17** (VR A15 ME (5)) Robert E. Dailey & Son Thurmont, Md. 21788

STATE OF MARYLAND

Linitsh

207137	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 REG. NO	. 2	0	5 6
m.e		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
nay be page 3 :r death			EPH		YDE		ININGHAM	July 12	,		12:56P _M
fer p	3 SE			4 RACE		5. DATE (6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	HOURS MIN
ge 7		Male		Whit		Nov	ember 14,1887	97	YRS		
Post die	7a BI	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8	D XNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	EATH	
de d		Maryland		U.S.		WIDOW		Washin		MD.	
the t		ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN CHIFACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	DUSTRY	BUSINESS OR
201 us off		lagerstown			6			Laborer		Feed	Mill
BALTIMORE, MARYLAND 2120' The season of the	13a, 3	al residence (if nur state aryland	136 COU	n other institution NTY hington	Hagerst	N	13d Inside City Limits? YES NO 🕱	R.D.# 6	0	2/9	140
within within a 2 s s s s s s s s s s s s s s s s s s	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
mpl one		George			Cunnin		Anna			Cosey	1
B	160 V	VAS DECEASED EVER YES, NO OR UNKNOWN)		RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
MI (8 18 2) 1		No			212-24-	<u> 7020-</u>	A Edna Cunnii	ngham R.D.#	6 Hagers		
		18 CAUSE OF DEAT	H (Enter a	nly one couse per	line for 101, 161, and	dic			70 111	BETWEEN	MATE INTERVAL
ST.,		IMMEDIATE CAUSE (a) MAGG! VE CVA									
orth condition		DUE TO, OR AS A CONSEQUENCE OF									
RES dec dec note nove note trour		Conditions, if any, which (b) Atherose (eras, 5)									
W. P	100	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF									
es that the death (entitioned by the attending a please remove contrary prior), cremption, or inter-		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6									
guire guire sign Then to bu	Z								DITION GIVEN III	TEARL IIO	
DIVISION OF VITAL RECORDS, ING PHYSICIAN The low requir offerding physicion. Wher this certificate has been signost the buriol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION		196 CONDITION FOR WHICH OF		OPERATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES,		S, WERE FINDINGS USED TYING CAUSES OF DEATH?	
ALRI he lo in per it per it per it per	E							YES NO	YES	CAUSES	NO [
JOF VITAL SICIAN The ag physicia certificate h rial-transit ental Hygies them 18 sho	T W	21a. ACCIDENT WAS UN	_		FINJURY M. MONTH DA	V YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 C	OR PART 2)	
SICIAI ng ph certific riol-tr	S	OR CONTRIBUTING [M.	19					
PHYS ending d Me	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn co	OUNTY	STATE
DIVISI or other After these as the outh and morked	1	AT WORK AT W	ORK							20	
S Heal		22a I certify that (I			e deceased from _	7.11	1985	, to		05.	hat (1) (we) lost
ATTE aspite CCTO d for n 21			did) (did n	ot) view the body	ofter death.	, 0	nd that in (my) (our) opinion (death occurred an the do			
PITAL OR by the ho ERAL DIRE e detacher Store Deported		226. SIGNATURE	y B	ayer, 1	00		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F	7/13	2/85
HOSPITAL ined by th FUNERAL wid be det wid be det white Stote		226 PHYSICIAN'S N					22e ADDRESS	Thimeus Ch	0	47	D-
4 5 6 5 6		Jay	Bayer	D.O.			17 West Ba	ltimore St.	Greencas	tie,	Pa
of of short with short	230. E	BURIAL, CREMATION	, REMOVAL	1			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ITY	STATE
BP		Burial		7/ 16	6/1985 Br	oadfo	rding Cemeter	y Was	hington	Co Ma	rvland
DHMH - 16 60M 1/75	24 FI	INERAL DIRECTOR	. /	2	ADDRESS		250 DAT	REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATI	JRE J I GITTO



STATE	OF	MAR	YLAND	
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1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL F	TYGIENE	8 REG. NO.	2 1 0	157
	CEASED NAME OF PRINTING	FIRST	7	Part	CUN	718	20 DAJ	OF DEATH MONTH	DAY YEAR	76 HOUR 9.18 M
3 SE	X	4.	RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER A HRS
F	emale	1 - 1	White		2-1	3-07	7	8 YRS		HOURS MIN.
	IRTHPLACE (STATE OR F			WHAT COUNTRY?	8	NEVER MARRIED	9 BALT	IMORE CITY OR COUN	TY OF DEATH	
-	anada		U.S.	A.	WIDOWE			ashington	County	MD.
	ITY OR TOWN OF DEA	тн 1	1. NAME OF H			OR OTHER INSTITUTION	12a. USI	JAL OCCUPATION WORK FOR MOST OF WORKING	126 KIND C	OF BUSINESS OR
H	agerstown	1	Washin	and the same of th	ounty	Hospital		omemaker	Hom	ie
130 S Ma	AL RESIDENCE (IF NURS STATE TYLAND	136 COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Hagers	VN	13d. INSIDE CITY LIMITS	80	eet ADDRESS / ZIP CO 4 Oak Hil	m 8	e
	ATHER'S NAME FIRST		DDLE	LAST		15 MOTHER'S MAIDEN		MIDDLE	LAS	
	ndrew was deceased ever	p	fred	Mick		Blanche 17 INFORMANT		ADDRESS	Wire	
1	YES, NO OR UNKNOWN)		WAR OR DATES)	OT C AC	CR CO			ast Alliner		
N	ž –			210-49-	-6140	Robert A	Cur	pie, 6351/		
	18 CAUSE OF DEAT PART I. DEATH W			17000	of Hy	100000011	n/	y la cles	BETWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (o)	^	Loca 1	(1)	11.1	1 1	1	TO TORRE
	Canditions, if ony,		DUE TO, OR	AS A CONTROL	PROPERTY.	par &	1907	(Min		
	gave rise to imm	nediote	(b)—	0-7						
	underlying cause		1	AS A CONSEOU	JENCE OF			,		
	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TI	ERMINALDIS	EASE OR CONDITION	GIVEN IN PART 1	a
ON	1 - 3 - 1									
MEDICAL CERTIFICATION	190 DATE OF OPERA	101	196 CONDIT	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a /		YES, WERE FINDII RTIFYING CAUSES YES [
G	210. ACCIDENT WAS UND		216. TIME OF	NJURY A. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENT	ER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
CAL	OF CONTRIBUTING		P.A		19		72.			
AEDI	21d. INJURY OCCURE		21e. PLACE C	OF INJURY	FARM ETC.)	711 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK NOT WHE	RK L			Dry	4	7			
	22s I certify that (I) saw the deceptor		778-18	deceased from.	1030	19 1	, 10_			that (It (we) last
	oboye All (w) (c	lid (did not)	new the body o	afte/death		d that in (my) (our) opini	on death ac	curred on the date and t	naur and fram the	causes stated
	Wha	ende	sole	1		DEGREE ATTENDING PHYSICIAN	MEDK	STAFF TOR PHYSICIAN	, Il	チカー
	The PHYSICIAN'S NO	The Itinical	revolt;	29her		To ADDRESS VO	who	elivatou	Bago	restly
23a I	BURIAL, CREMATION, (SPECIFY) Buria		7-23-			emetery or cremator aven Ceme	tery	OCATION Hagerstown	n Wash.	Md. STATE
24 F	UNERAL DIRECTOR		30	5 N. P	otoma	c St. 250 1	DATE REC'D.	BY REGISTRAR 256. REG	ISTRAR'S SIGNAT	URE de PC
20	rald M	Tinni.	ch Ha	ADDRESS	m M	has lone	JULZ	3 1985 1,	- mantagos - h	1-11-1

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

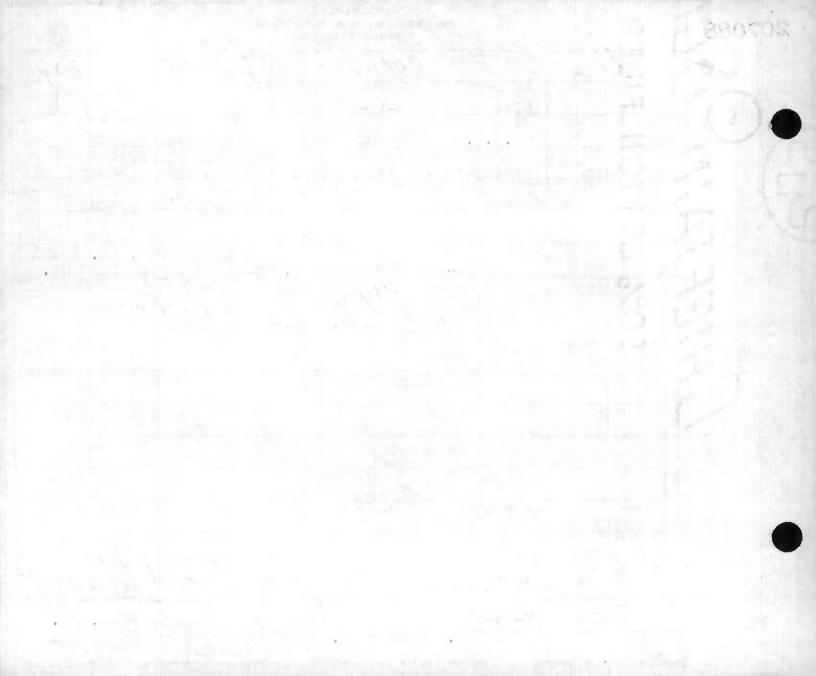
BP.

IMPORTANT: If Item 21 is marked at Item 18 shows

NAME Gerald

Minnich

Hagerstown.



DECEASED NAME

TYPE OR PRINTI

Н USUA

female

STATE OF MARYLAND

DURBOROW

5. DATE OF BIRTH

JIMIE OI MARIE	MILL		
EPARTMENT OF HEALTH AND	MENTAL	HYGIENE	
CERTIFICATE OF	DEATH		

RECONO.	2		0 5	8
July 8, 1985	DAY	YEAR	2b. HOU	R swa
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	24 HRS		
69 YRS.	MONTHS	DAYS	HOURS	MIN.
9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		1

	76 CITIZEN OF WHAT COUNTRY?
West Virginia	USA

Olive

MARRIED NEVER MARRIED DIVORCED TX WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

February 4, 1916

Washington TYPE OF WORK FOR MOST OF WORKING LIFE) homemaker

MIDDLE

12b. KIND OF BUSINESS OR INDUSTRY Potomac

Griffin

Hagerstown		Washir	gton	County	Hospital
UAL RESIDENCE (IF NURS					
Maryland	Was	hington	Hac	RIOWN	YES X
mai yiailu	l mas	HILIGION	l lia	JEL 2 LOWI	YES IN I

MIDDLE

4 RACE

E ADMISSION) Hagerstown

136. INSIDE CITY LIMITS?

Daisy

15. MOTHER'S MAIDEN NAME

13 STREET ADDRESS / ZIP CODE POLOMA 11 W. Baltimore St.,

21740

14.	FATHER'S NAME
	FTRST
	Albert

10 CITY OR TOWN OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Mae

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

white

Elliott 6b. SOCIAL SECURITY NO. 213-18-9081

17 INFORMANT

Norma J. Martz, Hagerstown, Md.

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Canditions, if any, which gove rise to immediate cause (a), stating

PART 2 OTHER SIGNIFICANT CONDITIONS 96 CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION	
21g. ACCIDENT WAS UNDERLYING	
OR CONTRIBUTING CAUSE OF DEAT	ŀ
(IF EITHER NOTIFY MEDICAL EXAMINER)	
21d INTURY OCCURRED	

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

200 AUTOPSY?

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

CERTIFICATION

TIE. PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC 1

211 LOCATION

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive

DEGREE

MEDICAL DIRECTOR PHYSICIAN

that in (my) (our) opinion death occurred an the date and have and from the causes stated

22c. DATE SIGNED

1825 Howell RD., Hagerstown, Md. 21740

DIVISION OF VITAL RECORDS, 201

23a. BURIAL, CREMATION, REMOVAL burial

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cem. July 10, 1985

Hagerstown, Wash., Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

PHYSICIAN

In variation hander

DHMH - 16 50M 4/83 (VRA 15, 4)



163 CAV The second secon

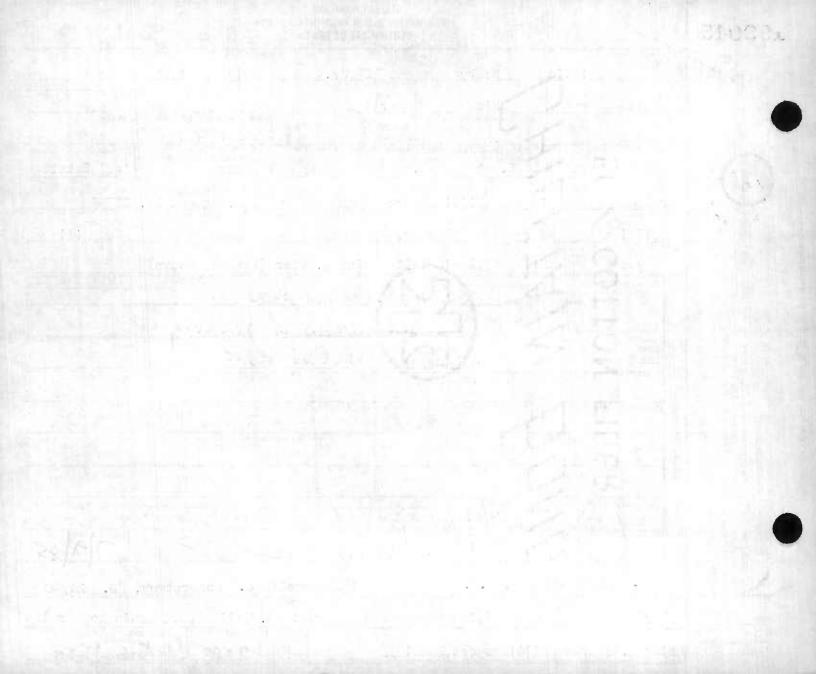
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20000			REGISTRAR 9/5/85	rja	MEC	MIDDLE	AEK 2	LAST	TE OF DE		REG. NO.	MONTH DAY	YEAR	25 HOUR
	N		OR PRINT)							OF OF	ESTI- MATED XIX	NONIH DAI		26 HOUR
ASS. CASS. C	EET,	2 654	Edw		TE OF BIRTH	C.		erson	W. ID. C. A. L. ID. C.		MATEDAIA	7-1.6	1985	M
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	STR	3. SEX	4 RACE	MON		1 9 EAB LAST BIRTH	DAY MONT		UNDER 24 HRS	PRONOUN	CED	-		6:05
ARY COUNTY	O _		ile White		Aug 16	, = 36	rs.			DEAD		7-16	1985	p. M
ECESSARY, PLEASE INFRAL DIRECTOR. WHIN 72 HOURS	SES 1	70 BII	RTHPLACE (STATE OR , REIGN COUNTRY)	/b C1	TIZEN OF WH	AT COUNTRY?	MARR	IED NEVER	MARRIED [9 BALTIMO	ORE CITY OR C	OUNTY OF	DEATH	
HAND WAR	2		Balto Md.		USA		WIDOV		OVORCED A	Wash	ington	Count		MD.
○ EEO €	6/1	M. CI	Y OR TOWN OF DEATH	11 N.	AME OF HOSE NOT IN SUCH FAC	ITAL, NURSING HOA	NE, OR OTH	IER INSTITUTIO	FO	R MOST OF WORK	ATION (TYPE OF	1 0	TND OF BU	SINESS
1	20		agerstown		7293 S	ummit Aver	ue		S	eafoc	d bus	. 5	eafo	od be
200	J8 175	130. S1	L RESIDENCE (IF IN NURSING HO) ATE \$13b. CO		INSTITUTION, GIV	RESIDENCE BEFORE ADMIS	510N)	134. INSIDE CITY LI	IMITS? 13e ST	REET ADDRES	S	-	2/7	40
2 A A B O	25				rgton	Hagerst	own		NO 1 72	19% Su	mmit 1	Ave.	1	0
MD. MD.	2011	14. FA	THER'S NAME	MIDDI	ı F	LAST		15 MOTHER'S	MAIDEN NAM	\E MI	DDLF		LAST	
	2/ [-	Edward C.	Ez	serson	Sr.		Thel	ma Co	oke			6-10)	
MO PAG STR			AS DECEASED EVER IN U.S.		ORCES?	166. SOCIAL SECUR	TY NO.	17. INFORMAN	VT T		ADDRESS			18-1-
, BALTIMORE, RS AFTER DEA NITH FORM P PAGES I AN	DIVISION	("	4es Vie	t No	ZM			Thel	ma Eve	rson	Balt.	imore	, Md	
	> /		IR CAUSE OF DEATH (Enter		cause per line	far (a), (b), and (c).)						0.5	APPROXIMATE	INTERVAL
PRESTON ST., ITHIN 24 HOUF CIL IN ITEM 18. VER ANSIT PERMIT.	AL.		PART I DEATH WAS CAU	SED BY:	ISE (a) Co	ombined Dr	ug in	toxicat:	ion			80	I WEEN ONSE	AND DEATH
		100	VVXV money	(- 1	AS A CONSEQUENCE	OF						-	
THIN THE WAS	AL HYGIE REMOVA		Conditions, if any, wh		(b).									
W. WIN	NA NA		couse (a) stating the und		(-)	AS A CONSEQUENCE	OF						58	
201 W. PRI UTED WITH IN PENCIL EXAMINER	N X	300	lying cause last.		(c)							100		
BIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING" IN PEN RDED TO THE CHIEF MEDICAL EXAMIN	DEPARTMENT OF HEALTH AND MENTAL HY I PRIOR TO BURIAL, CREMATION, OR REMO		PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIR	UTING TO DEATH R	UT NOT RELATED TO THE TEL	MINAL DISEAS	E OR CONDITION GIV	VEN IN PART 1 (a).					
ECORDS BE EXECUTE ENDING AS A BLI	REV	20												
PEP ME	A C	CERTIFICATION	190. DATE OF OPERATION		19b. CONDIT	ON FOR WHICH OPE	RATION V	AS PERFORME	D?			20	AUTOPSY?	>
SHOUL ORD "F CHIEF	5 ×	IFIC											YES XX	NO 🗆
OF V	BOE	E E	218. EXTERNAL CAUSE WAS		216. TIME OF		21c. H	OW INJURY OC	CURRED (ENTE	R NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2]	- An	
ONO THE TO THE TO THE TO THE TO THE TO THE TO THE THE THE THE THE THE THE THE THE THE	SRT S	ALC	UNDERLYING OR CONTRIBUTING CAUSE (OF DEATH	P.M.	7/16 198		gested o	drugs					
ISIC TERT	TATE DEPART	MEDICAL	214. INJURY OCCURRED		21e PLACE O	FINJURY (AT HOME.	211 LC	CATION						
0 0000	ZO1	*	WHILE NOT WHILE AT WORK	XX	HOP	ORY, FARM, ETC		9 Summ	it Ave.	Hager		Wash.	Co.	STATE
ER: THE ATE, W ORWA	10									3			00.	
7049	4, WITH THE	50	220 I certify that I look ch			1	Autop	_	spection	Inquiry		my opinion		
AMII STIFF	WITH		death resulted from! No	atural caus	ses La	Accident . /S	Carlo	Homicide		etermined mo	nner,			
X 5 5 5	¥.¥	1	ACTUAL /	1.12	247	nu Th	1401	IIILE (SPEC				DATE	7-17-	.05
SHE SHE	E SE	-	SIGNATURE	Lalla	-	my 11 0	7.7.N	I.D.ASSISL	all ME	DICAL EXAM	INER	SIGNED	1-11-	.03
WE SEE	I W		EXAMINER'S NAME D	ennis	F. SM	yth, M.D.		ADDRESS 1	11 Penr	st.	BAlto.	, Md.	2120)1
TO MEDICAL EXAN EXECUTE THE CRTI	BAL	23p BI	JRIAL, CREMATION, REMOVA			231 NAME OF C	METERY	ADDICESS		OCATION				
1	143	(5	Cremation		4 20,8			remati	CIT	tampsz	and .	COUNTY	O O M	d.
07/B4 BP	1	24 Ft	INERAL DIRECTOR			-		250.	DATE REC'D. E	BY REGISTRAF	25b REGISTR	Carro RAR'S SIGNA	TURE	u.
DHMH (VR A15 A		3	line Funera	e Ho	me Ro	stoneta	ın A	ld.	mar A A	400E	P. C. Ka	idron to	anders	
(41.712)	(0)1				1021	LENDLOU	illy 1	u.	111177	1485	30 42.00			

1-1-1 ment from the term of the attended from STATE OF STA are missed when the second and 12-2796 7-16-55 major so 1516 Pack 13194 1414 Same Same and the same of the same of the same

STATE OF MARYLAND

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403	Sec.	
	- 200	

9045	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF	EALTH AND MENTAL HY	GIENE 8 5	21062
y)		CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	(110)	Willia	m Henry	EY	LER, Jr.	July 8, 1985	м
of por po	3 SE	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	7 0	Male	White	Apr	il 24, 1926	59 YRS	NOT DE L'ALL
ohe 72 h		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	IY OF DEATH
10		ary land	USA 11. NAME OF HOSPITAL NUR	WIDOW	The state of the s	WASHINGTON 120. USUAL OCCUPATION	MD. 126 KIND OF BUSINESS OR
ootifie		Williamsport	20 E. Potomac S	ET ADDRESS)		Owner	Real Estate
18	USU		OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
			nington William		YES XX NO	20 E. Potomac St	
Hine	14 FA	THER'S NAME	MIODLE LAST		IS MOTHER'S MAIDEN N	AME	LAST
ежо			Henry Eyler		Anna	Mae	Hemphill
adicol			IVE WAR OR DATES)		17 INFORMANT	ADDRESS	
I. the medica			WII 220-16-		ININA G.Eyle	r (item 13 above)	
ent, t		PART I. DEATH WAS CAUS		0 1 0 0	PURATION A	DOCK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or ren fic ev		IMMEDIA		175	THE WAY	acco.	
ion, c		Canditions, if any, which	DUE TO, OR AS A CONSEC) ENOU	recinant a	of the line	
emot er tro		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEC		00	0 15	
ol, cr		underlying cause lost	((c) mem	NOZH		RUNE	
njury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	rminal disease or condition of	EIVEN IN PART 1(a
ony ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Hygiene 18 shows	RTIF		Maria Maria			YES NO	YES NO
18 5		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)
herr	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
o pay	MEC	WHIE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
поп			oital) attended heldect ased fram	1		, ta	, 19, that (f) (we) last
21 8		sow the deceosed alive of abave (1) (we) (did) (did no	n 19 at) view the bady after death	32,0	nd that in (my) (aur) apinia	n death accurred an the dote and he	our and fram the causes stated
f Herr		226 SIGNATURE	M. C.	1.	DEGREE ATTENDING	, MEDICAL STAFF	22c DATA SIGNED
a		224. PHYSICIAN S NAME LIVE	MAN WO	olu	PHYSICIAN	DIRECTOR PHYSICIAN	111/85
with the State IMPORTANT:		L. Dwight Wo			22e ADDRESS		
IMP IMP	73- 5	SURIAL, CREMATION, REMOVAL		NAMEOFO	1825 Howel		on, MD. 21740
	230.	Burial				Pk WilliamsportWa	shingtonMary lan
011 7 (0)		JNERAL DIRECTOR	/			ATE REC'D BY REGISTRAR 256 REGI	
M 7/B4 4)	Ma	jor M.Osborne	Williamsport, MD	21795	11	11 1 2 1085 Pelien	Varidans Profito



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

9		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. INV.	1 1	2	6 3
		CEASED NAME	FIRST		MIDDLE	i.	LAST		20 DAU OF	Rister	DAY YEAR	F' 2b	HOUR
	(TYPE	OR PRINT)	Fred		John	FA	ITH		Jı	ıly 27, 1	985		
	3. SE)	(4 RACE		5. DATE C			6. AGE (IN Y	ARS LAST BIRTHDAY	IF UNDER 1 YE		UNDER 24 HRS
	-	male		white		Sept	ember !	8, 1909		75 YR	MONTHS DA	YS HO	OURS MIN.
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMO	RE CITY OR COU			
7	Ma	aryland		U.S.	Α.	WIDOWE	D NEVER	IVORCED T	Was	hington			M
1		TY OR TOWN OF I			HOSPITAL, NURSIN CHEACILITY, GIVE STREET	G HOME C		MOITUTIT	120 USUAL C	CCUPATION FOR MOST OF WORKIN			USINESSO
アラ	13a S	AL RESIDENCE (# NOTATE Aryland	13b COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW Clear Sp		13d INSIDE (NO 🛣	13e STREET A	DDRESS / ZIP CO	ODE 21722		
11	14. FA	THER'S NAME		Öliver	LAST			S MAIDEN NAM	ΛE	WIDDIE		LAST	
1		James			Faith		-	ellie			Trump	owe	r
1		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORM			ADDRESS			
,		no			220-09-9	089	Mr. 1	Howard 1	Faith,	Clear Sp			
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBSET 1. DEATH SPATTA										EN ONS	TE INTERVAL ET AND DEATH
		Conditions, if a		DUE TO, O	HYPE N	AR U	SIUZ	08	cut		10	SE	inn8
		cause (a), ste	oting the	DUE TO, O	r as a conseque	NCE OF							
	NO	PART 2 OTHER S	IGNIFICANT (CONDITIONS <u>C</u>	ontributing to D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PART	Isa	
7	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTO		YES, WERE FIN RTIFYING CAUS YES []	SES OF	
7		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N	CAUSE OF DE	ATH HOUR A.	DE INJURY ,M. MONTH DA .M.	YEAR	21c HOW II	NJURY OCCURR	ED (ENTERNA	TURE OF INJURY IN ITEM	IB PART I OR PART	7)	
	MEDICAL	21d INJURY OCC	WHILE WORK		OF INJURY REET, FACTORY, OFFICE F.	ARM ETC)	211 LOCATI			CITY OR TOWN	COUNTY		STATE
		sow the dece	eosed plive on	1111	ne deceosed from	<u> </u>	nd that in (my) (our) opinion o	deoth occurred	d on the date and	hour and from		t (l) (we) lo
		226 SIGNATURE	-R	2	5	1	70	ATTENDING PHYSICIAN	DIRECTOR!	STAFF PHYSICIAN	7.	29.	NED -
V		224 PHYSICIAN'S	O K	RPRINT)	nc) 10	Loh (on Dr	un Im	Chren	un	no

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

10 LONG MEADON DRUB HABRAST un MO

July 30,1985 Rose Hill Cemetery 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) burial MINNICH FUNERAL DHOME

415 E. Wilson Blvd., Hagerstown, Maryland 21740

Clear Spring, Wash., Maryland



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 203207 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) Louise 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX Dec. 20, 1894 female white BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE Housewife MARYLAND 21201 IGHOME OF OTHER INSTITUTION GIVE RELIDENCE BEFORE ADMISSION 18 COUNTY Ann 13a STATE 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Annapolis 123 Spa View Ave. Arundel YES TX NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE William Booker Chance Veronica BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 217-26-9003 Mrs. Mary Louise Gutches Smithsburg. Md. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF other traum Conditions, if any, which gove rise to immediate couse (o), storing DUE TO OR AS A CONSEQUÊNCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION prior 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21f LOCATION 0 71ª PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 228.1 certify that (1) (this hospital) attended the deceased from... saw the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING * MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) should b

DHMH - 16 50M 4/83 (VRA 15, 4)

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230. BURIAL, CREMATION, REMOVAL

Buria

(SPECIFY)

24 FUNERAL DIRECTOR

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23L NAME OF CEMETERY OR CREMATORY

Mary's Catholic Church Annapolis Ann 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d. LOCATION

YEAR

12h. KIND OF BU

Home

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Smith

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REC. NO.	2	10	6	1
ATE OF	DEATH_MONTH	DAY	YEAR	26 HOUR,	

KIND OF BUSINESS OR

21740

that (I) (we) last

1-	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	B REL	2	10	6
	CEASED NAME FIRST OR PRINT! Mad	T	ucile	F	01+2	20. DATE OF DEATH		1 YEAR 85	26 HOUR
3, SE	female	(VRACE W	nite	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI	RTHOAY) IF U	UNDER I YEAR	IF UNDER 24 H
(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY S Wash	ing to	DEATH	
He	ry or town of DEATH		HOSPITAL, NURSING		NSq. Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) housewife		126. KIND OI INDUSTRY	F BUSINESS
	ALPESIDENCE (IF NURSING HOME O STATE 136 COU aryland Wash	ROTHER INSTITUTION NTY ington	list. CITY OR TOWN Hagerstor		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 224 Dev	/ ZIP CODE vonshire	Road	2174
14 FA	Arthur S	WIOOFE	Dornbla	aser	Bettie	WIDDIE		Isem	inger
		RMED FORCES? VE WAR OR DATES)	214-09-72		Madelyn Foli	ADDR			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		Congas	Lich	Hent Pa	èm		APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEA
	Conditions, if any, which gove rise to immediate cause (a), stating the) (b)	RAS A CONSEQUE	NCE OF		4 Dries	u)	2115
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO		EATH BUT		IN AL DISEASE OR COM	1DITION GIVEN	IN PART 11c	3
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	R) P.	m, month da m,	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 21	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	-	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	27a. I certify that (1) (this hosp sow the deceased alive ai abave, (1) (we) (did) (did no 27b. SIGNATURE	1844	19 8		nd that in (my) (our) opinion o	death occurred an the d	lote and hour an	nd Irom the o	
	22d PHYSICIAN'S NAME (TYPE	DO PRINTED	9.	n	ATTENDING PHYSICIAN 2720 ADDRESS	MEDICAL STA DIRECTOR PHYSI		22c. DATE :	July
22. 5	W. H. F.	ender	[0]		138 E.A	ntre tan S.	h Hag	08/00	m M
bu	BURIAL, CREMATION, REMOVAL SPECIFY) LITIAL				ill Cemetery	23d LOCATION CITYORTOWN Hagersto	7	bunty h. Ma	STATE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

the buriof-transit permit.

Item 18 s

July 26,1985 Rose Hill Cemetery MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland

250 DATE PEC D. BY REDISTRAR 256 REGISTRAR'S SIGNATURE NO

STATE OF MARYLAND 204149 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH TTYPE OR PRINTS Geraldine JULY FLOKENCE FRANTZ 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR March 2, 1907 female white 78 TO BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED Maryland USA Washington WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hagerstown Washington County Hospital teacher Bd. of Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Route 40, P.O. Box 127 13d. INSIDE CITY LIMITS? Clear Spring Maryland Washington 21722 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Lillie Belle McDonald Neshitt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 219-36-3857 Daniel R. Frantz, Clear Spring, Md. APPROXIMATE INTERVAL B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ACUTE MYOCAR DIAL INFARCTION SUDDEN DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b) AKTERIOSCLERUTIC HE WAT DISENSE gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. part 2. Other significant conditions contributing to <u>death</u> but not related to the terminal disease or condition given in part 1 to CERTIFICATION NONE 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NONE NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIFEITHER NOTIFY MEDICAL EXAMINERS 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 22a I certify that this haspital) attended the deceased from AUGUST saw the deceased alive on MANCH 16. abave, (Tywe) (did (did nat) view, the body ofter death and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS 339 E. ANT 1E THM 57 228 PHYSICIAN'S NAME (TYPE OR PRINT) BARKY COHEN HAGE KSTOWN MD, M, 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY burial St. Paul's Cemetery July 13,198\$ Clear Spring, Wash., Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25. REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME DHMH - 16 60M 7/84 (VRA 15, 4) 415 E. Wilson Blvd., Hagerstown, Md. 21740

14.4 ACTO PURCHASING INTEREST AND STREET TO MAY SATURE SO IN

207018	1.	FOR - STATE			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEAT		0 12	2	1 0	6 8
AUTULO		REGISTRAR CEASED NAME E OR PRINT)	FIRST	//	MIDDLE		AST		a. DATE OF DEATH		DAY YEAR	2b. HOUR_
A Car	3. SE		SSELL 4.1	RACE	offee.		F BIRTH DAY		AGE (IN YEARS LAST	BIRTHDAY)	185 IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
h. Poge		IRTHPLACE (STATE OF F			WHAT COUNT	DV2 B	12, 1895	0	90 BALTIMORE CITY		OF DEATH	
rs ofter dear by the f filed within notified at	10. 0	edysville, ity or town of DEA ROONSBO	11.	O O O O	HOSPITAL, NUE	REET ADDRESS)	OR OTHER INSTITUT	ION 1	Washing 20 USUAL OCCUP. TYBanker MO	ATION	126. KIND O	PF BUSINESS OR
AND 2 120 10 24 hours filled in b could be fill filled in b	USU 13e	AL RESIDENCE (IF NURS STATE Laryland	ING HOME OR OTH 13b. COUNTY	ER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION	HOME 13d INSIDE CITY L YES NO	IMITS?	S. STREET ADDRES	lain St	. 2175	6
completely and 2 sh	14 F.	WILLIAM	Car		Geeti	-	15. MOTHER'S MA	Ada Ada	Filen		Huffer	π
be execut	1	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEI		166. SOCIAL SI 214-03		Mrs. Jes	an Hol	Tanalana .	RESS Green Lagerst	briar C	
physicic an paper emaval.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only of AS CAUSED B IMMEDIATE C		line for (a), (b).	andien	Mona	y m	rest			MATE INTERVAL ONSET AND DEATH
e death ce e attending mave carb nation, ar		Conditions, if ony,	nediote	(b)	R AS A CONSE		ASOV	0			Sve	lder
ires that the property of an other		underlying couse PART 2 OTHER SIGN	lost.	(c)	R AS A CONSE		NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	ONDITION GIV	EN IN PART 100	0
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate be executed within 24 hours and ending physician. The law requires that the death certificate be executed within 24 hours often this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remave carban papers. Pages if and 2 should be file than and Amental Hygiene prior to buriol, cremation, or remaval. The property of the proof	CERTIFICATION	19a DATE OF OPERA	luce	19b. CONDI	TION FOR WH	ICH OPERATIO	Tinflered NWAS PERFORME	D	20a AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
PHYSICIAN; The ending physica this certificate he buriol-transit and Mental Hygie dor them 18 should be the buriol transit.		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	YES NO		ART 1 OR PART 2)	NO [
NG PHYSICI attenting I firer this cert for the buriol th and Mente	MEDICAL	214 INJURY OCCURE	RED	21e. PLACE			ZIF. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
ATTENDI aspital or ECTOR: A rd for use of to Meal		220.1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	d olive on	7	1/19 10	9.85	nd that in (our)	opinion dec	to	7/22, dote and hou	r and from the	1 4
PITAL OR by the h ERAL DIR se detache State Dep		226 PHYSICIAN'S NA		eigler			DEGREE ATTEN PHYS 1220 ADDRESS	NDING 1	MEDICAL ST	TAFF SICIAN [22c. DATE	N/83
TO HOSPITAL or retoined by the TO FUNERAL IS should be detoined by the State Limp Portant. If the State Limp Portant: If the State Limp Portant is the State Limb Portant is t	23a	BURIAL, CREMATION,	R.L. K	Me le	12	3r NAME OF C	LOO EMETERY OR CREM	Gen	etric Lan	e Re	etyskille	, Md.
ВР		Burial UNERAL DIRECTOR	THO AND	7-24-			ew Cemete	ery	Keedys			o., Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		John H. Ba	st, Jr	. Boo	nsboro,	55 Md. 21	713	JU	L 2 3 198	D - MAR	RAR'S SIGNATI	pandess

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Maryland menington (keedynoille L 10 S. Miln St. 21755

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dillion Corney Gesting 211-03-0250 Mrs. Jean Hollyway, Regers'um, F. 21740

Surial 7-21-85 Milyter Descriy Ledysville, Wat. Co., M.

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DIVISION OF VITAL

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poge 3		CEASED NAME FIRST OR PRINT!	A.		ROSS	DATE OF DEATH	2. 1985		26 11:50 A M	
s of	3. SE:	x fale	4 RACE White	5 DATE (20, 1930°	6 AGE (IN YEARS LAST BIR	I BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS YRS			
rth Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	75. CITIZEN OF WHAT COUNTS U. S. A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY O		OF DEATH MD.		
199		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE DOA Washington	REET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Farmer		INDUSTRY	F BUSINESS OR	
ly less in the les	13a S Ma	AL RESIDENCE LIF NURSING HOME OF		NWC	134 INSIDE CITY LIMITS? YES NO 15, MOTHER'S MAIDEN NA	Rfd. Li Bo		21713		
ompletel		FIRST E	MDDLE LAST LMET Gro	088	FIRSE Haze	Naci		Mose		
n and co	160 V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIN KOTE	med forces? 166 social se 217-3	0-5400	Mrs. Ella	Mae Gross,	SS Rfd. Boons	Box boro.	86 Md. 2171	
equires that the death certification is signed by the attending p. Then please remove carbanta burial, cremation, or remnjury, or ather traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF SCLEROT	farction ic heart disea		DITION GIVEN	Sudder		
an. has been to permit. see prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	IGS USED OF DEATH?	
uG PHYSICIAN: To ottending physiciate this certificate is the burial-transit hand Mental Hyginked or Item 18 shinked or Item 18	MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLET OF CAUSE O	HOUR A.M. MONTH	19	211 LOCATION STREET	CITY OR TO		OR PART 21	STATE	
TO HOSPITAL OR ATTENDIN retained by the hospital ar TO FUNERAL DIRECTOR: Af should be detached for use a with the State Dept. of Health IMPORTANT: If them 21 is ma		saw the deceased alive an	PRINT)	was f	d that in (my) (aur) opinion of the coverage place of the coverage of the	MEDICAL STAF DIRECTOR □ PHYSIC	F IAN 🗌	Ditte	3/85	
BP	-{	URIAL, CREMATION, REMOVAL SREGEY) BUTIAL	7-25-85		EMETERY OR CREMATORY La Cemetery	23d LOCATION Bevenola	, Wash	°Co.,	Md. STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)		ohn H. Bast, Jr	. Boonsboro,	Md. 21	713 25a DATE	JUL 25 198	75b. REGISTRAI	SSIGNATU July Con	JRE Pandall	

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,.,	DIRECTOR COUR FILE 172 HOUR ON STREE	3 SE	M 4 8	ACE W	S. DATE OF BIRTH	36	6 AGE (IN YEA	RS IF UN		HOURS		C. DATE RONOUNCEI DEAD	^	Suly?	27 190 27 19.	VEAR 2	2d HOUR
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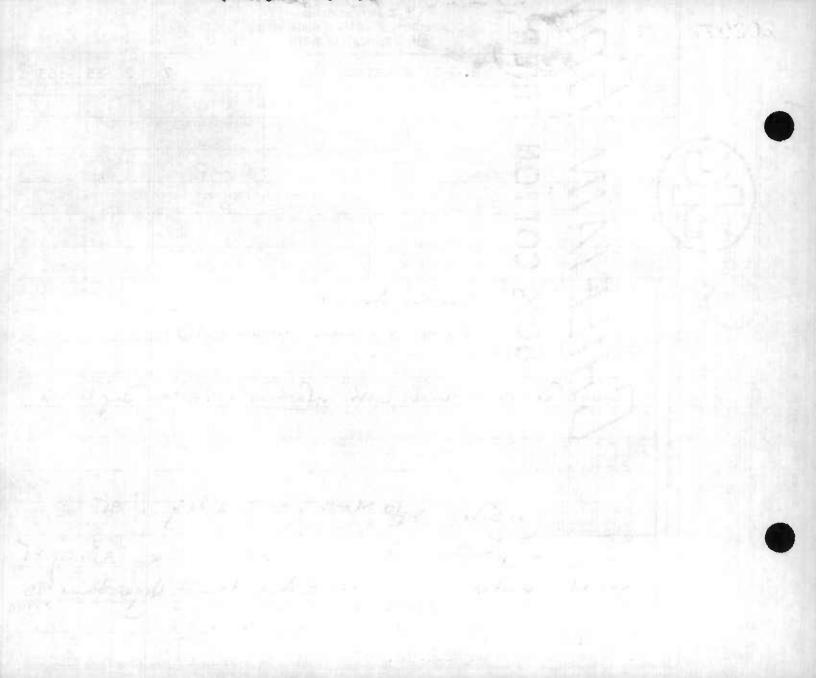
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STATE OF MARYLAND

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page 3									2 85	9:55 m
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s of s		male		white	Jar	nüary 28, 1902	2 84	YRS	mornio Dario	MIN.
Poor di	7a B	RTHPLACE (STATE OR FOR	EIGN 76 CITI	ZEN OF WHAT COUN	TRY? B.		9 BALTIMORE	TTY OR COUNT	Y OF DEATH	
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de fund		ITY OR TOWN OF DEATH	-	AME OF HOSPITAL NI		WED X DIVORCED [120 USUAL OCC	ngton	112h KINID C	MD. OF BUSINESS OR
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Suld Suld	7.0		Washing			YES NO		Howard		21740
- SA 5		ATHER'S NAME				15 MOTHER'S MAIDEN		HOWAI		21/40
1 32 3//	1	FIRST	MIDDLE	LAS		FIRST		DDLE	LAS	
1 10	160.3	William WAS DECEASED EVER IN	H.	Harr	SECURITY NO	Lauret	ta	ADDRESS	Hart	man
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nysica ronsid Hygir	CERTIFICATION	21a ACCIDENT WAS UNDER		TIME OF INJURY		21c. HOW INJURY OCC		_		
		OR CONTRIBUTING CAL		IOUR A.M. MONTH		R				
St no or	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		P.M.		211. LOCATION				
this the bund w	ME		7.47	HOME STREET, FACTORY OF	FFICE, FARM, ETC.)	STREET	CIT	Y OR TOWN	COUNTY	STATE
orke orke		AT WORK NOT WHILE								
A Paris		22a.1 certify that (1) (th	2/	ended the deceased for	om 10	March 10 8	0 10 2 3	cally	19 24	that (I) (we) last
Porto of to		sow the deceased		the body after death.	19 85	and that in (my) (aur) apinio	in death accurred an	the date and ho	ur and Iram the	couses stated
R A hos hed ept		226 SIGNATURE	710.01.0	1		DEGREE			22c DATE	SIGNED
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HOSPITAL FUNERAL wild be defe h the State ORTANT: H		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRESS	DIRECTOR P	HTSICIAN (IN	1000	1
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TO HOSPITAL retoined by 1 TO FUNERAL should be de- with the Store		No. 14	. 1 42	CC19G		138 E.A.	Mare ram	my He	torsan	an me
F 5 m 2 2		BURIAL, CREMATION, RE	MOVAL 23b [DATE	23c NAME O	CEMETERY OR CREMATOR	23d LOCATION		JOHNIY	OPERS
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Dillan, M. Inc.		JNERAL DIRECTOR MI			E		ATE REC'D. BY REGIS		TRAR'S SIGNAT	
DHMH - 16 60M 7/84 (VRA 15, 4)		5 E. Wilson		ADDI	RESS	217/10		0	יים א	.00-
(4117, 19, 4)	1	2 D. WITSOIL	DIVU.,	nagerstow	riu.	21/4U asa	0 4000	A. A. Barre	A Range	



FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ING PHYSICIAN. The low requires that the description one be executed within 24 hours offer death. Page 4 may be retending physician.	After this certificate has been signed by the time party claim and completely filled in by the funeral director, page 3 os the burial-transit permit. Then please remain certifications Pages, and 2 should be filled within 72 hours after death ith and Mental Hygiene prior to burial, cremit
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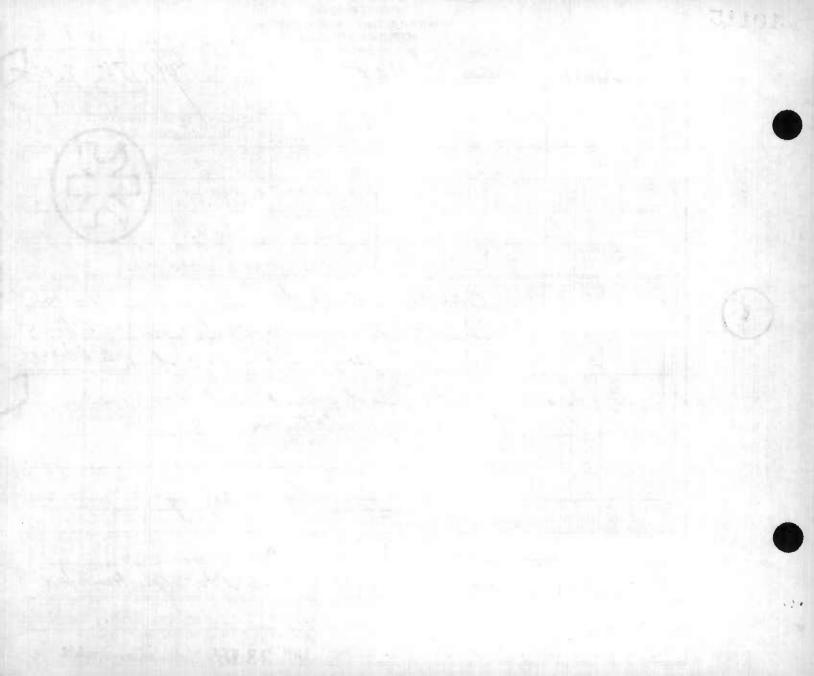
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1. DECEASED NAME	,	MIDDLE //	and the	2a DATE OF DEATH MONTH	26 HOUR
	Cha	rlac Will		arl Sr.	6 AGE (IN YEARS LAST BIRTHDAY)	W UNDER EVELAR UNDER 2004
1	3 SEX	PI. RACE	MO	E OF BIRTH	/ 1	HOMINE DATE HOURS / MINE
1	male	whit		1/27/17	67 / YRS.	
	TO BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	RIED LA NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
Ž,	Maryland	USA		WED DIVORCED	Washington	MD.
1	Hagerstown	(IF NOT IN SUI	HOSPITAL, NURSING HOM CHEACILITY, GIVE STREET ADDRESS) LINGTON County		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY brick yard
7		NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO		12. CTREET ADDRESS / 710 CORE	
7	Maryland	Washington	Hagerstown	YES X NO	326 S. Potomac	
1	14 FATHER'S NAME	8		15 MOTHER'S MAIDEN NAM		
	Alvey	G. MIDDLE	Hart	Bessie	M.	Hitzelberger
1	(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
	No	(III 1E3 ONE WAR OR DATES)	214-09-2766	Helen J. Har	t, Hagerstown, M	ld.
	18 CAUSE OF DEATH	H (Enter only one couse pe	r line for (a), (b), onghic	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH W.		Cardior	assect		Us mi
					0 0	
	Conditions of an		R AS A CONSEQUENCE OF	Dulmarer	· noul li	56 hours
1	Canditions, if any, gove rise to imm	nediate	House	f acmy mas	2 Longuesia	Some of
i	cause (a), stating underlying couse		AS A CONSEQUENCE OF	muroran	liac Marchia	56 hours
	PART 2 OTHER SIGN	HIFICART CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT BELATED TO THE TERMI	NAL DISEASE DE CONDITION GIV	The IN PART NO
		1	0 1 0	2	Po Delega	
	19a DATE OF OPERAT	TION TOND	TITION FOR WHICH OPERAT	ION WAS PERFORMED		, WERE FINDINGS USED
	DE 7/. /	11- B	1 00-00	alitalation	IN CERTIF	YING CAUSES OF DEATH?
-	210, ACCIDENT WAS UND	ERLYING TO TIL TIME C	DE IN HIRY	PITER ONE STORY		
	On COURTON LINE C	LIGHT A	M. MONTH DAY YEA		ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR		.M.)			
	21d INJURY OCCURR	EAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WH	IIE RK	0		11	61
		(this hospital) ttended th	Plante.	19 15	to flee 19	19 that (I) (we) last
	saw the decease abave, (1) (we) (d	saw the deceased alive on the date and have and from the causes stated above, (1) (we) (did) (did not view the body after death.				
	22b. SIGNATURE	110		DEGREE	1	22c. DATE SIGNED
	1	-An		ATTENDING PHYSICIAN	MEDICAL STAFF	1 - 17 - H. J. VO
	224. PHYSICIAN'S NA	ME (TYPE OF PRINTS		22e ADDRESS		, 10
	0,5	we u	13	>0/ S. Clou	clare AV. Hope	istour had
	23a BURIAL, CREMATION, I	REMOVAL 236 DATE		F CEMETERY OR CREMATORY	23d LOCATION	LOUNTY STATE
	burial	July	20,1985 Gre	enlawn Mem.Park	Williamsport,	Wash., Maryland
	24 FUNERAL DIRECTOR	MINNICH FUNE	ERAL HOME	250. DATE	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If He



page 3

FOR - STATE REGISTRAR

3 SEX

DECEASED NAME TYPE OR PRINTS

female

COUNTRY

Maryland

Maryland

14 FATHER'S NAME

Hagerstown

To. BIRTHPLACE I STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Beulah

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 136 COUNTY

Washington

white

76 CITIZEN OF WHAT COUNTRY?

USA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

January 25, 1897

MARRIED NEVER MARRIED

YES X

DIVORCED

NO

15. MOTHER'S MAIDEN NAME

138 INSIDE CITY LIMITS?

LAST

HARTLE

5. DATE OF BIRTH MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Marie

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

264 Hager Street

Hagerstown

13c CITY OR TOWN

8 SREG.	NO. 2	1	0	1	C
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HO	JR
July 31	, 1985			1:0	DAI
6. AGE (IN YEARS LAST	IF UNDE	RIYEAR	IF UNDER 24 HRS		
00		MONTHS	DAYS	HOURS	MIN.

12b. KIND OF BUSINESS OR

21740

INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

264 Hager St.

Washington

LTYPE OF WORK FOR MOST OF WORKING LIFE!

12ª USUAL OCCUPATION

housewife

13e STREET ADDRESS

DIVISION OF VITAL RECORDS.

P Q.

0 Hem 18 sho à

FUNERAL (SPECIFY) burial

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOMINNICH FUNERAL HOME

LAST MIDDLE Robert L. Witmer Estella Nunamaker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT LIF YES GIVE WAR OR DATEST 220-88-2977 No Phyllis L. Smith, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a NO CERTIFICAT 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY OFFICE, FARM, ETC) CITY OR TOWN COUNTY NOTWHILE 220.1 certify that (I) (this haspital) intended the deceased from and that in (my) (our) opinion death occurred or the date and hour and from the causes stated the deceased alive on. ave, (1) (we) (did) (did not) vigo the bel DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION Aug. 2, 1985 Rest Haven Cemetery Hagerstown, Wash., Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson-Rondall 415 E. Wilson Blvd., Hagerstown, Md. 21740

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

BALTIMORE, MARYLAND

201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

FOR

STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIER CERTIFICATE OF DEATH

NI.	8		REG. N	10. 2	1	0	7
0	DATE	OF	DEATH	MONTH	DAY	YE AR	23 HOU
			July	15.	198	5	3:00

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (1) (we) last

1. DECEASED NAME (TYPE OR PRINT)	James		igustus		EBB	Sr.		20 DATE OF		15,	1985	YE AR	23:00
3. SEX male	,	4 RACE	hite	S. DATE C		2, 1906	3	6 AGE INYE	_	(DAY)	MONTHS		IF UNDER 24 HI HOURS MI
70. BIRTHPLACE (STATE COUNTRY) Maryland			76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED			EVER MARRIEI DIVORCEI	_	9 BALTIMOR	Washi			ATH	
Cavetown		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A aden Ave	ADDRESS)	R OTHE	R INSTITUTIO	7	170 USUAL OF WORK Repai	CCUPATIC FOR MOST OF TMA.N)N WORKING	(IFE) 12b.	WSTRY Ment	t Co.
USUAL RESIDENCE IN 130. STATE Md.	NURSING HOME O	NTY. ash.	GIVE RESIDENCE BEFORE	ADMISSION)	YES [13e.STREET A	O. Bo	ZIP CO	B 2	1720	0
14. FATHER'S NAME FIRST Augus	tus	MIDDLE A .	Hebb		15 MO	THER'S MAIDE Net		AE _	MIDDLE			Hetz	zel
16a WAS DECEASED E (YES, NO OR UNKNOWN NO		RMED FORCES? VE WAR OR DATES)	213-10-67			Rober	t E.	Hebb	Smi		ourg,	Md.	
Conditions, if gove rise to cause (a), underlying c	ony, which immediate tating the ause lost.	DUE TO, O DUE TO, O DUE TO, O (c)	COTODATY R AS A CONSEQUE R AS A CONSEQUE DOUTRIBUTING TO E	arte NCE OF				vperter		IIION G	y	/ear	IMATE INTERVAL ONSET AND DEA
190 DATE OF OF	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS	PERFORMED		20m AUTO	PSY?	IN CER			NGS USED OF DEATH?
MEDICAL CERTIFICATION SOLUTION SALIDATION THE STIME NOTE OF OF OTHER NOTE OTHER NOTE OF OTHER NOTE OTHER NOTE OF OTHER NOTE OTHER NOTE OF OTHER NOTE OF OTHER NOTE OF OTHER NOTE OF OTHER NOTE OTHER NOTE OF OTHER NOTE OF OTHER NOTE OF OTHER NOTE OTHER NOTE OTHER NOTE OF OTHER NOTE OF OTHER NOTE OTHE	CAUSE OF DE	R) P.	M. MONTH DA M. OF INJURY	AY YEAR 19		OCATION	CCURR	RED (ENTER NAT	CITY OR TOW			PART 2)	STATE
220.1 certify the	ot (I) (this hospiceosed alive a	oital) attended Th	3 deceased from		tobe			to	July		. 19.85	5	that (l) (we)
77b. SIGNATUR	2	1 4 W	blalled		DEGREE	ATTEND PHYSIC	IAN Z	MEDICAL DIRECTOR [AN	220		SIGNED 6/85
Howard		eks, M.D	•		77e A	DDRESS 58 Ha		stown,	Mary]		217	740	

MPORTANT: If them 21 is morked or Item

should be detached for use as with the State Dept. of Health

TO FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Hagerstown, Wash, Md.

STATE

Haven Cemetery 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

a more continue See Syptem . On armound distributed the second s DATE OF THE STATE

DEGREE

Noores Potomac St.

Hagerstown.

12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY omemaker Home Street Daymude ADDRESS Oak Ridge 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 2076 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Cemetery Hagerstown 250. DAFF REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Maryland

YEAR

1985

IF UNDER 1 YEAR

2b. HOUR

E LINDER 24 MPS

DHMH-16 20M (VRA 15, 4) 7/78

d b

226 SIGNATURE

24 FUNERAL DIRECTOR

230 SUBTAL, CREMATION, REMOVAL

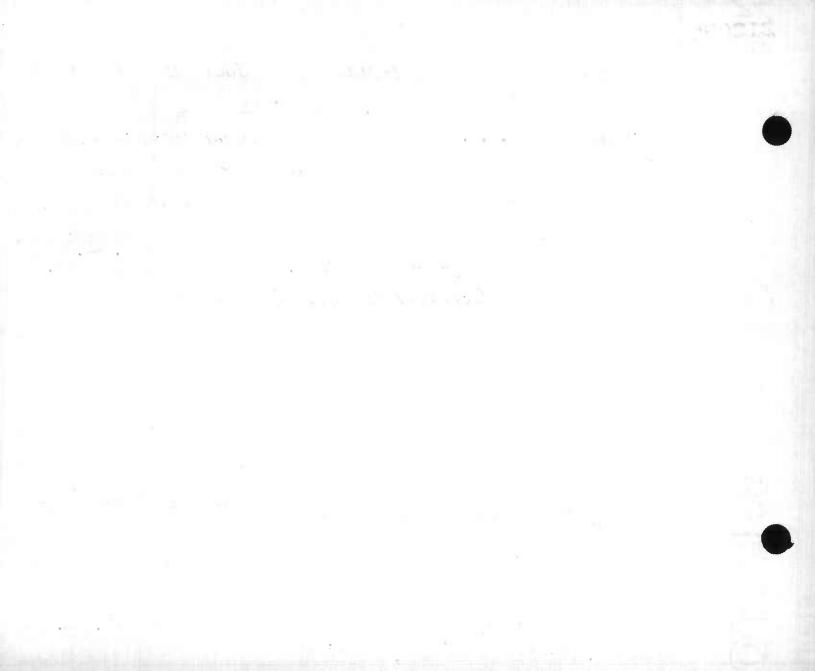
Buria.

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

Minnich

DIVISION OF VITAL RECORDS,



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 REG. NO.	2	1 0	1	000
ATE OF DEATH MONTH	DAY	YEAR	26 HOUR	

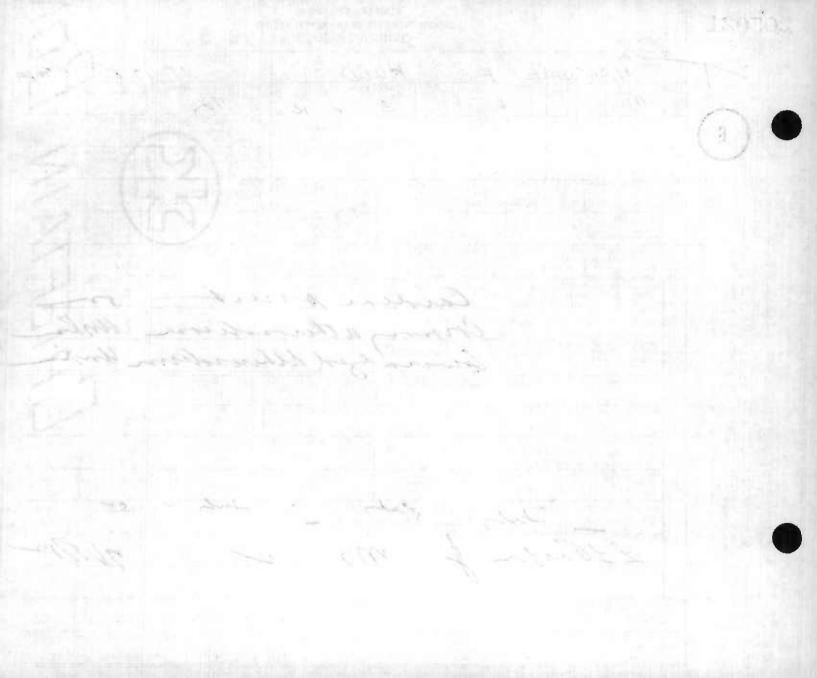
1.00	ECEASED NAME FIRST	L'exa	A POLE	LAST			O DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Tines	MADOUL	All Ezi	-	1111	PD		O DATE OF DEATH	7	14 25	10:56
	THROW	The E	- T.	MUL		-	AGE (IN YEARS LAST BIR	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
1.5E	m	4 RACE	,	. DATE OF I	DAY YEA		AGE (INTEARSTASI BIR	CINUATI	MONTHS DAYS	HOURS MIN.
	2 ///	w		MONTH 3	6 1	3	12	YRS		
1	LIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		A VIEWED WARDIE		BALTIMORE CITY	R COUN	TY OF DEATH	
M	lary land	USA	1	WIDOWED [DIVORCE		Washi	ngton	n	м
l C	CITY OR TOWN OF DEATH		HOSPITAL, NURSING			NC	20 USUAL OCCUPAT	ION	126. KIND C	F BUSINESS O
H	lagerstown	Washir	ngton Coun	ty Hos	spital		11 PPE OF WORK FOR MOST OF PACKET	OF WORKING	Ceme	nt co.
130	JAL RESIDENCE (IF NURSING HOME STATE 136 CC Was	e or other institution ounty thington	134 CITY OR TOWN Hagerston	113	INSIDE CITY LIM	AITS?	Route 10,	ZIP CO Box	DE 70	21740
4. F.	Frederick	MIDDLE	Hurd	15	MOTHER'S MAID	DEN NAM	WIDDLE		Dayho	ff
6a \	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURIT	Y NO. 17	INFORMANT		ADDR	ESS		196
Y	LYES NO OR UNKNOWN) (IF YES.	W. III	215-07-5	087	Milbre	гу Ни	rd, Hagers	town	, Md.	
	8 CAUSE OF DEATH (Enter	only one cause per	line for the this and u						APPROX	MATE HUTEVAL ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OF	R AS CONSEQUEN	CE OF /	e d	111	and.	in	Un	K
TION	cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	IT CONDITIONS <u>CC</u>	ONTRIBUTING TO DE	<u>ath</u> But no						1000
TIFICATION	cause (a), stating the underlying cause lost	IT CONDITIONS <u>CC</u>	Cours	<u>ath</u> But no			200 AUTOPSY? YES NO	20b. IF Y	GIVEN IN PART 16 (ES, WERE FINDII TIFVING CAUSES YES	NGS USED
CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	IT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NO	WAS PERFORMED		20a AUTOPSY?	20b. IF Y	ES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
AL CERT	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	IT CONDITIONS CO	DITTRIBUTING TO DE.	PERATION V	WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITIONS CO	DNTRIBUTING TO DE.	PERATION V	WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF Y IN CER	ES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
AL CERT	PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFIC	21b. TIME O DEATH NER) 21e PLACE (AT HOME. STR	ONTRIBUTING TO DE. ITION FOR WHICH OF IF INJURY M. MONTH DAY M. OF INJURY REEL FACTORY OFFICE FARM e deceased from 19	YEAR 19 2 A EIC.)	NAS PERFORMED It HOW INJURY C If LOCATION STREET 19 // 19- what in (my) (our lo	OCCURRE	200 AUTOPSY? YES NO	20b. IF Y IN CER	CES, WERE FINDING CAUSES YES 8 PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
AL CERT	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive	21b. TIME O DEATH NER) 21e PLACE (AT HOME. STR	ONTRIBUTING TO DE. ITION FOR WHICH OF IF INJURY M. MONTH DAY M. OF INJURY REEL FACTORY OFFICE FARM e deceased from 19	YEAR 19 2 A EIC.)	WAS PERFORMED TIC HOW INJURY CO THE LOCATION STREET	OCCURRE 7 / apinion de	200 AUTOPSY? YES NO D CENTER NATURE OF INJU	20b. IF Y IN CER	CES, WERE FINDING CAUSES YES 8 PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
AL CERT	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (was 144 dr (did 22b. SIGNATURE	21b. TIME O DEATH NER) 21e PLACE (AT HOME. STR	ONTRIBUTING TO DE. ITION FOR WHICH OF IF INJURY M. MONTH DAY M. OF INJURY REEL FACTORY OFFICE FARM e deceased from 19	YEAR 2 YEAR 19 , ond to DEC	WAS PERFORMED THE LOCATION STREET THE LOCATION ST	OCCURRE 7 / apinion de	200. AUTOPSY? YES NO CITY OF INJUDE CITY OF TO Oth occurred on the d	20b. IF Y IN CER	CES, WERE FINDING CAUSES YES 8 PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
MEDICAL CERT	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (was 144 dr (did 22b. SIGNATURE	196 CONDITIONS CO	DNTRIBUTING TO DE. ITION FOR WHICH OF IF INJURY M. MONTH DAY M. OF INJURY REEL FACTORY OFFICE FARM e deceased from ofter death.	YEAR 19 2 A. EIC.) DEC.	THE LOCATION STREET That In (my) (our to PHYSIC 2e ADDRESS	OCCURRE 9 / opinion de DING CIAN [4]	200. AUTOPSY? YES NO CITY OF INJUDE CITY OF TO Oth occurred on the d	20b. IF Y IN CERT	VES, WERE FINDING CAUSES YES (SEE FINDING CAUSES YES (SEE FINDING CAUSES YES (SEE FINDING CAUSES COUNTY 19 (SEE FINDING CAUSES) OUT and from the	NGS USED OF DEATH? NO STATE that (I) (we) lo couses stated

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



ATTENDING PHYSICIAN:

TO HOSPITAL

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morked or Item

MPORTANT

MEDICAL

STATE OF MARYLAND 207157 1. FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIE

CEDTIEIC ATE OF DEATH

NE 8 REG. NO.	2	Į	0	7	9
o. DATE OF DEATH MONTH	7-8	YEAR	26 H	TOUR	8
AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I VE		NDER 2	A HRS

REGISTRAR			CENTIFI	CAILOF	DEATH	REG. N	10.		
1. DECEASED NAME PRST	Catherin	e E.	Jo	JOL	Y	20. DATE OF DEATH	7- 7	DAY YEAR	26 HOUR S
3 SEX	4. RACE		5 DATE O	BIRTH		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whit	Ө	MONTH	23	1912	76	YRS.	MONTHS DAYS	HOURS MIN.
7g. BIRTHPLACE (STATE OR FOREIGN NEW York		WHAT COUNTRY?	MARRIED WIDOWEL		MARRIED	BALTIMORE CITY	DR COUNTY hingto		W
Hagerstown		HOSPITAL, NURSING HEACHLITY, GIVE STREET		TU H	Spital	TYPE OF WORK FOR MOST		E) INDUSTRY	F BUSINESS OR
Md. 136 COL	YTAL	GIVE RE LIDENCE BEFORE		YES X	ITY LIMITS?	136 STREET ADDRESS 150 DUC		hwai	1 2174
14 FATHER'S NAME FIRST George	MIDDLE	Prie			Elizabe			Monta	igue
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES,	RMED FORCES?	166 SOCIAL SECU		17 INFORM.	icia Pr	addr			H
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per SED BY: ATE CAUSE (o)	line for (a), (b), and		ic c	an	ed_		APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	(b)	R AS A CONSEOUE	C L	/A.	cs.				O .
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	<u>ÆATH</u> BUT I	NOT RELATE	O TO THE TERM	INAL DISEASE OR COM	IDITION GIV	EN IN PART 110)·
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	YES NO		, WERE FINDIN YING CAUSES S	
210. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY	VEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	ART I OR PART 2)	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDS	FINDINGS USED AUSES OF DEATH	
			YES NO	YES [NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)		

(IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN

22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the couses stated DEGREE

STREET

22b. SIGNATURE

ATTENDING DIRECTOR | PHYSICIAN 22c DATE SIGNED

STATE

COUNTY

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

Buria July 11.85

Rocky Gap Veterans Cem.

Flintstone, Allegany, Md. STATE

24 FUNERAL DIRECTOR Davis Furrai

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

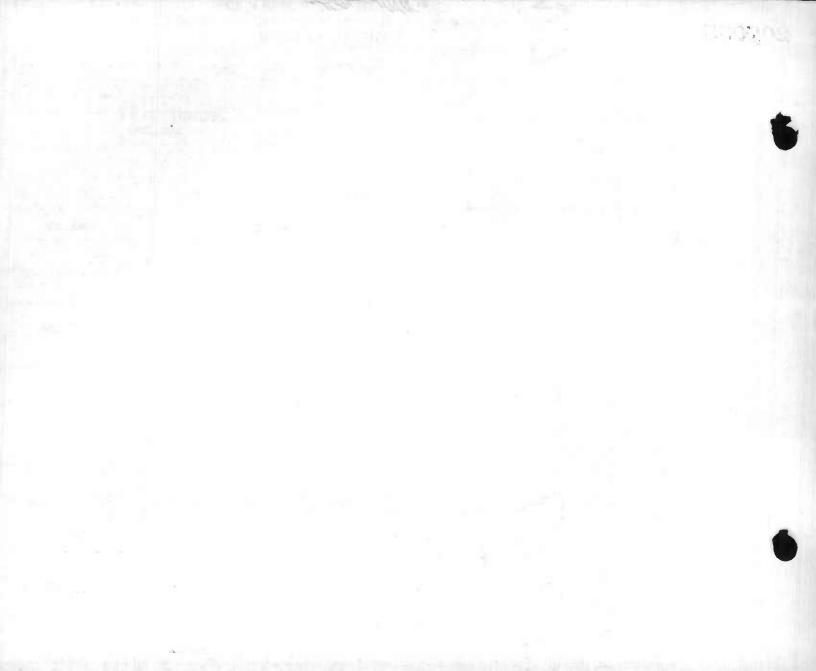
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should be detached for uswith the State Dept of Her etoined by the hospitol

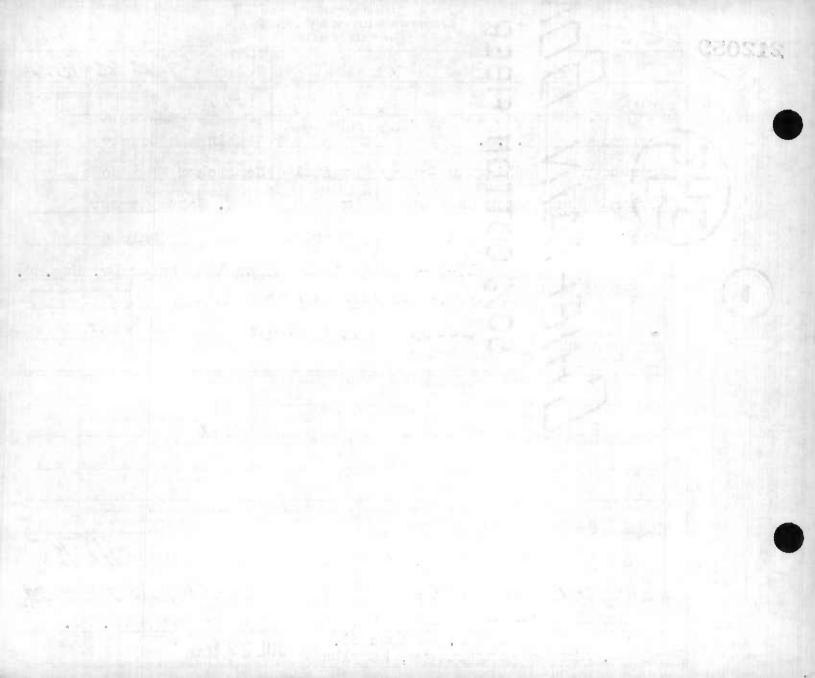
in the state of .b. erablished one large siva

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 206055 CERTIFICATE OF DEATH Harold 2a. DATE OF DEATH 2b. HOUR Last DECEASED-NAME Month 18 completely filled in by the funeral may be carbon papers. Pages 1 and 2 meter death. (Type or print) Evered 1985 Η Kauffman July 6. AGE (In years last birthdoy) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after Male white October 10, 1913 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Washington country) Penna. USA WIDOWED | DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of warking life, even if retired.)
truck driver give street address) **INDUSTRY** trucking Route 2 Hagerstown 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? Route 2, Box 340 21740 13b. COUNTY Hagerstown NO K Washington 15. MOTHER'S MAIDEN NAME First Middle FATHER'S NAME First Lost Bailey Kauffman Elizabeth Walter please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dates of service) 207-03-7860 Ruth V. Kauffman, Hagerstown, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY sudden IMMEDIATE CAUSE (a) _____ Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) Coronary artery disease years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the Diabetes 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190, DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY by the haspital DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Tawn 21d. INJURY OCCURRED County While Nat while at wark 22a. I certify that (I) (this tospital) attended the deceosed from August , 19 62 , to July 18 , 19 85 , that (I) ince) last saw the deceased alive an July 16 185 , and that in (my) (see) apinian death occurred on the date and hour ond from the causes stated above (I) (see) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING □ July 18, 1985 DEGREE DIRECTOR PHYS directar, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S Howard N. Weeks, M.D. NAME (Type) 580 Northern Ave., Hagerstown, Md. 21740 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION REMOVAL (Specify) South Mountain, Pa. July 22,1985 Strang Cemetery burial 2Sb. REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) whis Trings - Bardo Mil 415 E. Wilson Blvd., Hagerstown, Md. 21740 PALL 22 1095

MARYLAND STATE DEPARTMENT OF HEALTH



12059	/	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	8 REG. NO. 2	1081
28		CEASED NAME MAR	Y E,	LEYES	20. DATE OF DEATH MONTH DA	
of photos	3-SE	inale	1 RACE Nesto	5. DATE OF BIRTH MONTH DAY VEAR 10	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
in 72 hour	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington Con	
by the fur filed within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IE NOT IN SUCH EACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION ADDRESS) unty Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126. KIND OF BUSINESS OR INDUSTRY HOME
2 should be	130. S	aryland Wash	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 43 W. North S	treet 2174
ges fond		George VAS DECEASED EVER IN U.S. AR.	Snivel			lone
signed by the attending hen please remove control to burial, cremation, at ijury, ar other troumatic even	NO	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ST CARCINOV		YTT.
te hos been sit permit. I giene prior shows ony ir	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOX IN CERTIFY	
trending physicia r this certificate h the burial-transit and Mental Hygies ed or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHY MEDICAL EXAMINER 210 INJURY OCCURRED NOT WHILE NOT WHILE		19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
he haspital ar a DIRECTOR. Afte ached for use as Dept. of Health If tem 21 is mark		saw the deceased alive an	not) ottended the deceased from 19 11 view the body after death.	DEGREE ATTENDING	death occurred on the date and hour o	, that (I) (we) last and from the causes stated
retained by the TO FUNERAL should be detroited with the State IMPORTANT:	23a E	Charles R. URIAL, CREMATION, REMOVAL	Chaney Wic	22e ADDRESS	develand Ave. 1-	tagerstown ma
BP		Burial JNERAL DIRECTOR	7-29-85 Ro	se Hill Cemeter	ry Hagerstown Wa	BSh. Md.
OHMH - 16 60M 7/B4 (VRA 15, 4)	01	rald N. Minni		n, Maryland	UL 2 9 1985	ar's signature



Smithsburg, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wie Davidson

DIVISION OF VITAL

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTO

Davis Funeral Home

Life Holtz to z.o. -of et feet fan foakste foakst foats mersjoes en en bester e mercale: If the time incomposition of the contract of the contract

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Appropriate to ford the

STATE OF MARYLAND

8	REO NO.	2	-	
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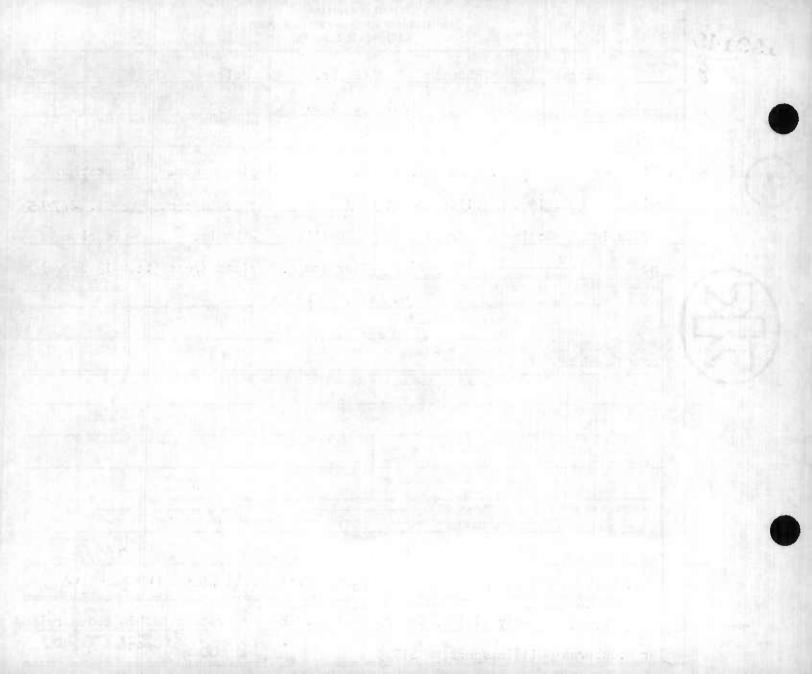
C	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 5	2 1 0 8
19		TEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2	(1YPE	OR PRINTI	Thadeus	KREPS.Sr.	July 8, 19	985
0	3. SEX	Rosscoe	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	J. JE,	Male	White	July 5. 1900	85 YRS	MONTHS DATS HOURS
001	7a. BI		76. CITIZEN OF WHAT COUNTRY?	1	BALTIMORE CITY OR COLIN	
56		ountry)	USA	MARRIED NEVER MARRIED		200
9	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
100	Wi	lliamsport	27 S. Conocoche		Maintenence	Education
201	USUA		OTHER INSTITUTION GIVE RESIDENCE BEFOR		? 13e.STREET ADDRESS / ZIP CO	DE
00	Mai		ington Williams		27 S. Conocoche	
-	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	1447
110			oyle Kreps	Nellie	Louise	Tedrick
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRESS	
med.	(1	(IF YES, GIV	E WAR OR DATES) 214-09-0	667 Florence M.	Everitts Kreps (item 13 above
the /			ly one cause per line for (o), (b), ar			APPROXIMATE INTERVA
ent,		PART I. DEATH WAS CAUSE	Ď BY.	cardiac arr	18	DET WEET OFFICE MIND DE
ic ev		IMMEDIAI	E CAUSE (a)	With the second second		
E	10	C 185 1 111	DUE TO, OR AS A CONSEOU	ENCE OF		
		Conditions, if any, which gave rise to immediate	(b)	U PI		
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	ENCE OF		
947			(c)			
ory.	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONDITION (SIVEN IN PART Tra
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
0 8	FIC				IN CER	TIFYING CAUSES OF DEATH
og -	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	YES NO URRED (ENTER NATURE OF INJURY IN ITEM I	YES NO
89	-	OR CONTRIBUTING CAUSE OF DEA	THOUSE A LL MONTELL D	PAY YEAR	TELEBRICANIONE OF MATORY IN THEM	
Te /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19 211 40CATION		
Ĉ O	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		MHILE NOT WHILE				
			tol) ottended the deceosed from.		, to	, 19, that (I) (we
		sow the deceased olive an abave, (I) (we) (did) (did no	19_ ti view the bady after death.	ond that in (my) (our) apini	ion death occurred on the date and h	aur and fram the couses state
		22b. SIGNATURE	2 /	DEGREE	ENDED	22c. DATE SIGNED
			1018	- ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	7/9/82
MYCKIAN		224 PHYSICIAN'S NAME (THE O	1	22e ADDRESS		ma ma
5/		Abdul Wa	aheed	1600 ca	KH911 Ave. H	4-1250
1.4		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	234. LOCATION CITY OF TOWN	40000
1.3		Burial	July 11,1985 (Cedar Lawn Mem.Pa	rk Hagerstown Wa	shington Mary
	24 51	INISPAL DIRECTOR	, , , ,	250	DATE DEC'D BY DECISTRAPIA DEC	AD'S SIGNATURE -

DHMH - 16 60M 7/84 (VRA 15, 4)

Major M. Osborne

Williamsport, MD 21795

file Davidson-Pandelle



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1.	0
0	RES. NO.	Seem .

1 0 8 4

9	ath 3	
noy	pod	
4	ofte	
ofter death. Page 4 may be	the funeral director page 3 d within 72 hours ofter death	
d.	ol d	tilied of once.
eot	in 7	000
e c	with with	P
+	= 0	1

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic e

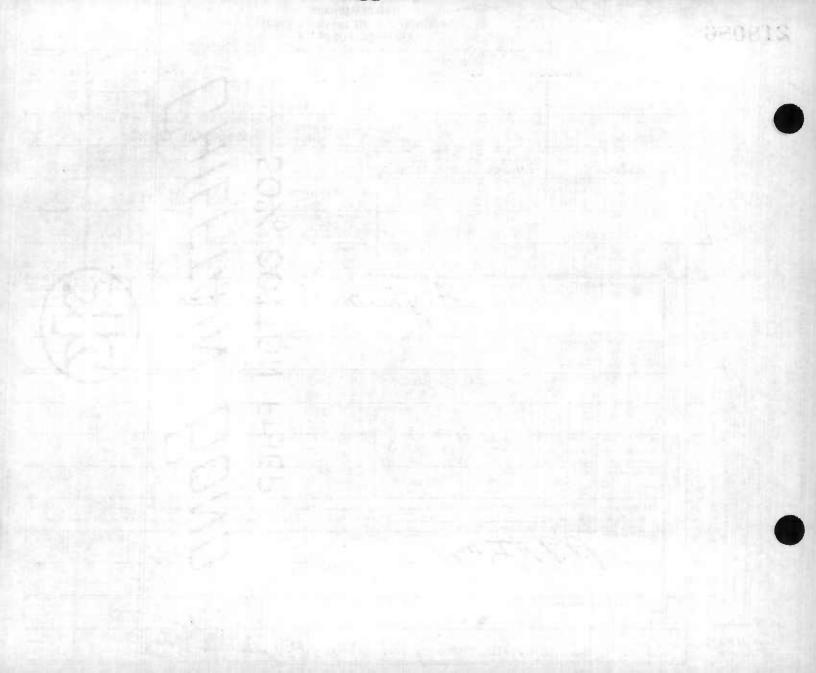
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-tronsit permit. Then please remove corbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

REGISTRAR				CERTIF	ICATE OF DEATH	8 RED. N	0. 2	U	8 4
DECEASED NAME	FIRST	C	atherine		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	Marie		C.	L	EE		7-26-	-85	6:53 am
SEX		RACE		S. DATE (6 AGE (IN YEARS LAST BIR	THDAY	WONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
female		whit	e	Jani	uary 20, 1905	80	YRS.		
BIRTHPLACE (STATE OF F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
Maryland		USA		WIDOW		Washingto	n Cour	rty	MD.
CITY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Hagerstown		Avalor	i Manor No	ursin	a Home	manager	IF WORKING LIF		redempt
STATE Maryland	13b COUNT		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagersto	V	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Court	21740
FATHER'S NAME	Wabii	1118 0011	I magazota	****	15 MOTHER'S MAIDEN NA				
Frederi		IDDLE	Miller		Catherin			Klor	oman
WAS DECEASED EVER		AED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS		
(YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	212-18-58	350	Shirley Por	neroy, 1416	Outer	Ct. Ha	gerstown
18 CAUSE OF DEAT			line for (o), M. ope						MATE INTERVAL DISET AND DEATH
		ONDITIONS CO	DATRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	
190 DATE OF OPERAT	NOI	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FINDIN	IGS USED
		1000				YES NO	1	YING CAUSES	NO []
210. ACCIDENT WAS UNIT OR CONTRIBUTING () (IF EITHER NOTIFY MEDIA 21d INJURY OCCURR	AUSE OF DEAT	HOUR A	M. MONTH DA	Y YEAR	21c.HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART (OR PART 2)	
216 INJURY OCCURE	ILE 🗍	21e PLACE (OF INJURY REET FACTORY OFFICE, FA	ARM ETC)	211. LOCATION A EIC) STREET CITY OR TOWN COUNTY			STATE	
22a I certify that (1) saw the decease above, (1) (we) (c	d alive on_		19		nd that in (my) (our) opinion (to, to			that (I) (we) last couses stated
22b. SIGNATURE	97	12:	m.19		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED
22d. PHYSICIAN'S NA	AME (TYPE ON			9-16	22e ADDRESS				
BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		of Outsites	CTAIR
burial		July 2	29,1985 Re	est H	aven Cemetery	Hagerstow	n, Was	shington	n, Maryla

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Md. 21740



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	SEG. NO.	2	3	8
			-	

		REGISTRAR			CEKITI	ICATE OF DEATH	REG. N	10.	. 4	0	O	
1		CEASED NAME FIRST	Eliza			HBAUGH	20 DATE OF DEATH	MONTH	21	YEAR 85	26 HOUR	
		Lau		E.				/			3:45 p	
	3. SE>		4. RACE		5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS	
	f	emale	whit	e	Octo	ber 12,1904	80	YRS				
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DD IS	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		
2		lary land	USA		WIDOW		Washi	naton			MD.	
10	10. CI	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b.		F BUSINESS OR	
1		agerstown	Ravenwo	od Luther	an Vi	llage	assemble:		(IFE) I IND	ustry air	craft	
6	130 S		AE OR OTHER INSTITUTION OUNTY Shington	13c. CITY OR TOWN Hagerston	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 403 Guil				21740	
1	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			LAS		
		George	H.	Moore		Elizabeth			B_{i}	ower		
		WAS DECEASED EVER IN U.S		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS				
	n		S, GIVE WAR OR DATES	214-09-3	263	Mary Bishop,	Big Sprin	a. Má	Md.			
		18 CAUSE OF DEATH (Ente	er anly ane cause per	line for (a), (b), and	1c		1		1	APPROXI	MATE INTERVAL	
		PART I. DEATH WAS CA	USEĎ BY: DIATE CAUSE (a)		candia Amest							
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (b) A SAD							Yn «			
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	10	underlying cause last		(c)								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							SIVEN IN F	PART 1/c		
	O	D.H										
7.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			IGS USED	
0	TIFI	5 1 TO 1 TO 1					YES NO YES NO NO					
7	CER	210. ACCIDENT WAS UNDERLYING	110110		V VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM I	8 PARTIOR	PART 2)		
	AL	OR CONTRIBUTING CAUSE O	DEATH	M. MONTH DA M.	T TEAK							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	0.71.00.7		600	UNITY		
	W	WHILE NOT WHILE AT WORK	(AT HOME STR	REET FACTORY, OFFICE FA	RM, ETC)	STREET	CITY OR TO	JWN	(0)	TIMIA	STATE	
		22a I certify that (I) (this h	aspital) attended th	e deceased from		19 83		2	. 19	25	that (I) (we) lost	
4		saw the deceased alive	an 7-12	198	5-0	nd that in (my) (our) opinion o	deoth occurred on the c	late and h	our and fr	-		
1		abave, (I) (we) (did) (did	d nat) view the body	after death		DEGREE			722	c. DATE	SIGNED	
,		1	Var	WZ	-	ATTENDING PHYSICIAN	MEDICAL STA		-	1/2	7/16	
		22d. PHYSICIAN'S NAME AT	YPE OR PRINT)	- 1		22e. ADDRESS	A		1	1	747	
		(1) -72.6	ANG L	las		1933 Va.	AUD Y	070	20	T(A)in	, M)	
		BURIAL, CREMATION, REMO	VAL 235 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	7	7	The William	7 / 1	
	b	urial	July 2	4,1985 Ro	se Hi	Ill Cemetery	Hagerst	own,	Wash.	, M	lary land	

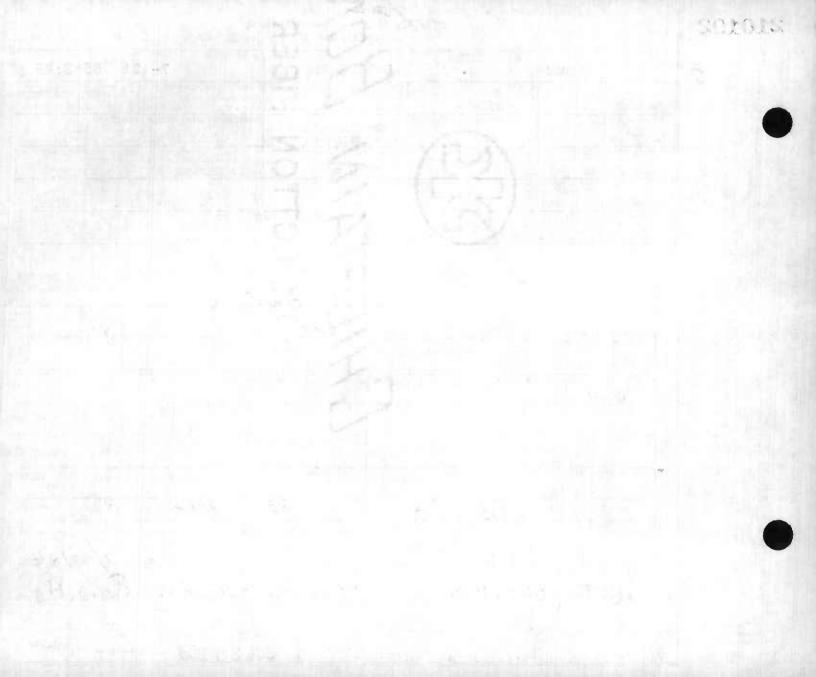
DHMH - 16 60M 7/84

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

(VRA 15, 4)

74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



PRESTON ST.

3

DIVISION OF VITAL RECORDS, 201

FOR - STATE

male

COUNTRY

3. SEX

REGISTRAR DECEASED NAME TYPE OR PRINTS

Ta. BIRTHPLACE (STATE OR FOREIGN

W. Virginia

10 CITY OR TOWN OF DEATH

Hagerstown

USUAL RESIDENCE IN 13g STATE

Fred

No

CERTIFICATION

MEDICAL

00

morked

MPORTANT:

should be with the 0

2

Maryland 4 FATHER'S NAME

James

136 COUNTY

W.

18 CAUSE OF DEATH (Enter only one cause per line for to

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which

190 DATE OF OPERATION

21d INJURY OCCURRED

22h. SIGNATURE

24 FUNERAL DIRECTOR

Washington

MIDDLE

LIF YES, GIVE WAR OR DATEST

IMMEDIATE CAUSE (a)

STATE OF MARYLAND

DEPARTM		EALTH AND MENTAL HYG	IENE 8	5 REG. NO.	2	1	U	8	5
IDDLE		AST	20 DATE	OF DEATH "	HINON	DAY	YEAR	2b HO	UR
as L	YNCH,	Sr.		July 31	1, 19	985		1	M
	5. DATE C		6 AGE (45	YRS.	MONTHS	DAYS	IF UNDE	R 24 HRS
VHAT COUNTRY?				MORECITY <u>OR</u> Mashingt	COUNT	Y OF DE	ATH		MD
OSPITAL, NURSING FACILITY, GIVE STREET A Kuhn Av	(DDRESS)	DR OTHER INSTITUTION	TYPE OF W	ALOCCUPATIO YORK FOR MOST OF ' Lenance	WORKING L	IFE) IND	KIND O USTRY		ESS OR
GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hagerstor	V	13d. INSIDE CITY LIMITS? YES X NO []		et address 3 Kuhn	Ave.		217	40	
Lynch		IS. MOTHER'S MAIDEN NA/ EIRST Grace	ME	MIDDLE M.			Li	ghti	ner
215-34-3		Janet M. Ly	nch,	ADDRES Hagerst		Md			
metrilat	The le	dow wow	· su	a Ri	_	(APPROXI	MATE INTE	RVAI D DEATH
AS A CONSEQUE		Kidney							
AS A CONSEQUE	NCE OF	V							
NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISE	ASE OR COND	ITION GI	VEN IN	PART 11c		

gave rise to immediate cause (a), stoting the DUE TO, OR AS A CO underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER

Douglas

76 CITIZEN OF WHAT CO

USA

NAME OF HOSPITAL FIF NOT IN SUCH FACILITY.

953 Kuh

13c. CITY

DUE TO, OR AS A CO

4 RACE

white

MONTH DAY YEAR 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

PHYSICIAN I

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN

NO

and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

200 AUTOPSY?

NO F

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

22c DATE SIGNED

220 1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death

22e ADDRESS

DEGREE

BP DHMH - 16 50M 1/B1

FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Aug. 3, 1985 burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN St. Paul's Cemetery

Clear Spring, Wash., Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

AUG 5

Julia Savidan - Boulas

(VRA 15, 4)

the state of the s william to the days WA. 6 PLANERY 1198 Kenny Her 2 19 CONT. 1 C

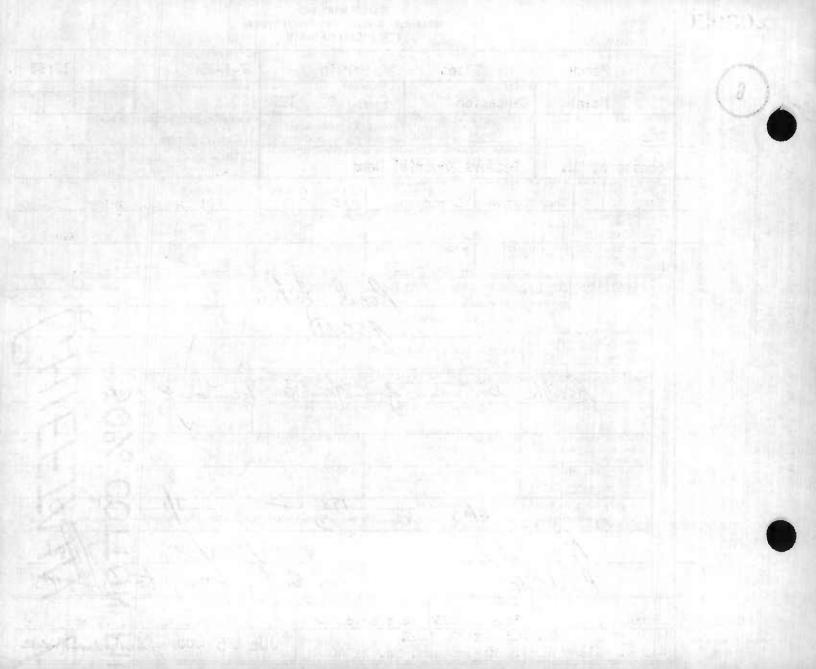
				STATE OF MARYL	AND			
1	1 -	FOR STATE LOIC TIME	- IN DEPARTI	MENT OF HEALTH AND CERTIFICATE OF		8 5	2 1 6	187
1	DEC	ASSESSED FULL	V VV	LAST		REG. NO.	H DAY YEA	AR 2b HOUR \$
	CHRE	Daly XIV	2 Marti	n		7	27 8	5 10 P
3	585	1	RACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTHDAY	IF UNDER 1 Y	
	1:	EMAHE	WHITE	7 21	855	TILK 130K	MONTHS	AYS HOURS MIN.
267	a. BII	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED 9 BA	ALTIMORE CITY OR CO	UNTY OF DEAT	Н
12	17	1BYGBND	V15-19.	WIDOWED D	NORCED	NASITIN	670	N MD
79	14	A C.	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		USUAL OCCUPATION FOR WORK FOR MOST OF WOR		D OF BUSINESS OR
0./	JSUA	L RESIDENCE (IF NURSING HOME OR O						21 4411
99	/	70 W/A	514. 1481	13d. INSIDE	NO []	STREET ADDRESS	10.14	05,50
111	4. FA	THER'S NAME	sou at the	15. MOTHER	S MAIDEN NAME	WEEK		100
11	h	YNN 19	BY ITARI	W W	NAM	MAY	1101	35/
9/	te v	AS DECEASED EVER IN U.S. ARM		RITY NO. 17 INFORM	ANT	ANDRESS	181-	5-/
-	-	NO	Tell Silver	- 4XN	NR.	110871	N Ch	IBBSPKI.
		PART I DEATH WAS CAUSED	BY Chid.	in - Pone	Questos.	· Vail	1 476	EEN ONSET AND DEATH
		SMMEDIATE	CAUSE INT	a - non	union	percen	0	
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	Conso	netal a	Dissound	eto	
		gave rise to immediate cause to stating the	DUE TO OR AS A CONSEQUE	NICE OF	^	1	0	
		underlying couse last.	- Mu	mans	aproc			
	z	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT PLATE	THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PAR	T 1(a
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED 20	a AUTOPSY? 20b.	IF YES, WERE FIN	NDINGS LISED
9	TE				YE	IN DON	CERTIFYING CAU	ISES OF DEATH?
9	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c HOW IN		ENTER NATURE OF INJURY IN IT		
7	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCAT) STREE		CITY OR TOWN	COUNTY	STATE
		220 I certify that (I) (this hospital) attended the deceased from _			0	. 19	, that (1) (we) last
1		saw the deceased alive an abave, (1) (we) (did) (did not):	view the bady after death	, and that in (my	(aur) opinion death	accurred on the date or		
		22b. SIGNATURE		DEGREE		/	22c. D.	ATE SIGNED
4		Dure ?	Wenoch 1		PHYSICIAN DIRE	DICAL STAFF ECTOR PHYSICIAN [21/85
		22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	22e ADDRES	SS		/	015 PM
7			23b. DATE 23c	TAME OF CENERAL DE	CHARLER IV L 73	LOCATION		
	/	1301916A	1-30-857	TINNON	1176	CHIVARSI	RING	WASH.
31 2	المعا	NERAL DIRECTOR	& the word	-	25a. DATE REC'	D. BY REGISTRAR 25b. R	EGISTRAR'S SIGN	NATURE //
4		mules	-18 NOMA	an	14001	1085: Juli	Davidno	Mance !

415 E. Wilson Blvd., Hagerstown, Md. 21740

Gulia Davidson Handall

DHMH - 16 50M 4/B2

(VRA 15, 4)



STATE OF MARYLAND

0	200	0	-	0	2	94.5
0	REG. NO.	line.	1	0	0	1

	1-	STATE REGISTRAR			DEPA	CERTI	FICATE OF DE	ATH	8 REG. N	o. 2	10	8	7
1		CEASED NAME OR PRINT)	FIRST		WIDDLE .	Mct	FEE		20 DATE OF DEATH	LU 2	13, 1985	33	
	3 SEX	Male	t in	4. RACE White		S. DATE O	H DAY	1908	6 AGE IN YEARS LAST BII		MONTHS DAYS	HOURS	MIN.
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT (COUNTRY) Maryland U.S.A.						TRY? 8 MARRIE WIDOW		RRIED -	BALTIMORE CITY OR COUNTY OF DEATH Washington County MD.				
Hagerstown 11. NAME OF HOSE Washing t						ounty H		NOITU	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Stone Mas	OF WORKING LIE	126 KIND O INDUSTRY Consti		
1	13a S	Maryland	13b COUN		13c. CITY OR T			0 🛣	13e STREET ADDRESS 16710 Rav	zip code	ck Rd.	2178	0
0	14 FA	THER'S NAME FIRST Charles	ć	WIDDLE	last IcAfee		15. MOTHER'S N		MIDDLE I		warner		
2		VAS DECEASED EVER I VES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	213-18	-0716	Mrs. Ev		ee 16710 R				80
	NO	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediate the lost.	DUE TO, O (b) DUE TO, O	R AS A CONSE	EQUENCE OF	SWOLL (O THE TERMI	OUCLIOMO Le Might	Liny Dition Giv	2>	long	<u></u>
1	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES		1?
1	MEDICAL CER	21d. ACCIDENT WAS UNDO OR CONTRIBUTING C. LIFETIMER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHILE DOON THE	AUSE OF DEA	P. 21e. PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY, OFF	om 03	211 LOCATION STREET	19 Brur) opinion d	ED (ENTER NATURE OF INJURE	own	COUNTY	sta thot(1) (we	e) lost
	23o. B	URIAL, CREMATION, R	REMOVAL	7/26/3			EMETERY OR CRE		23d LOCATION y Cascade	Was	shington	n Ma	TE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burnal-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burnal, cremation, IMPORTANT: If them 21 is marked or III in the state of the property or other trauming.

Waynesboro, Penna.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

HARRY IN MYHTE E THAT SERVEY SERVEY SERVEY ner lands Frederick sections. It it it more asserted to 21760 THE LEW HOLD WAY OF A SHARE LATE SHARE LEGS ALL SAND LEE HOUSELE SECOND SECOND ROLL EVEN TWO END TO 12 TO 1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

gr. Car	
3	hoz
0	REG. NO.

150145	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO. 2	1090
y be y deoth.	TYPE OR PRINT)	th R M	ccleed	The state of	2 85 10:50 A
9	3 SEX	4 RACE	S. DATE OF BIRTH	0, 7,00	FUNDER I YEAR IF UNDER 24 HRS
- 1 Pic)	Female	White	12 25 09	75 YRS.	WIN.
g (2 p 8)	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deoth.	Colorado	U.S.	WIDOWED DIVORCED	Washington Cour	nty MD
is early bearing	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR
by the	Hagerstown	Washington Co		Technician	Hosp.
hour day	USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	
fille coulo	Md. Was	hington St. Ja		St. James School	
mpletely ond 2 sh	14 FATHER'S NAME FIRST William	M. Randol	15 MOTHER'S MAIDEN NA	ME MIDDLE Lee	LAST
on and co	160 WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, G	RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES) 119-36-		ADDRESS Voodruff - Same a	s #13
strificate g physicic onpaper emaval.	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (ED BY) ATE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce ottendin iove carb	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE			2 dage
that the day the ease rem	couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE			6 400
se se co	PART 2 OTHER SIGNIFICAND	CONDITIONS CONTRIBUTING TOP	PATH BUT NOT RELETED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T

COUNTY

COUNTY

CERTIFICATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

226. SIGNATURE

24 FUNERAL DIRECTOR

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. P.M.

MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

CITY OF TOWN

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE

211 LOCATION STREET

STATE

STATE

220.1 certify that (1) (thus hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did not) view the body after death

Anatomy Board

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

23d LOCATION

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Removal

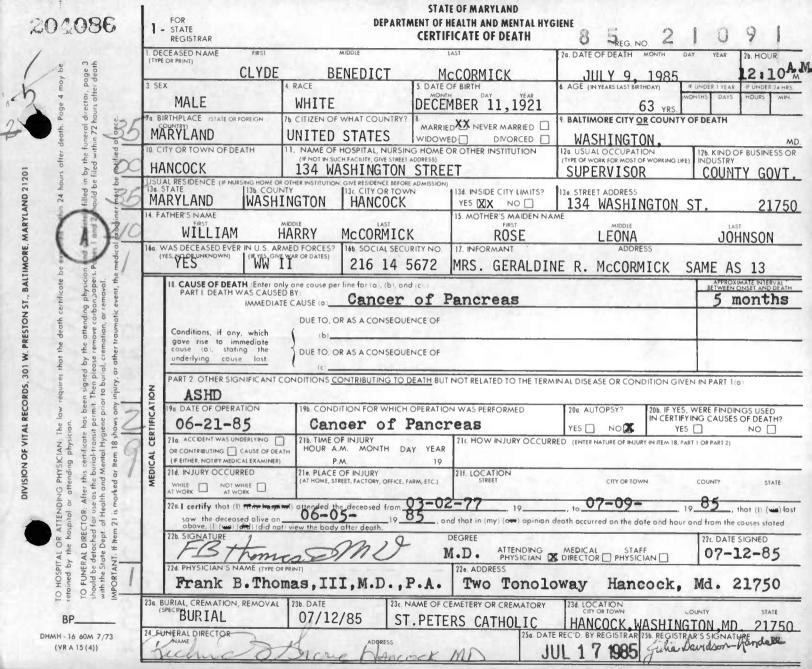
7/3/85

236. DATE

Balto., Md.

750 DATE REGID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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AND THE RESERVE OF THE PARTY OF

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

HYGIENE

DEPARTME	INI UI	HEALIH	AND	MENIAL	H
	CERT	IFICATE	OF D	HTAS	

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E O	EDEATH	MON	TH	DAY	VEAR	26 HC	1

		REGISTRAR					itale of b		0	REG. N	VO. 6-	8	19		
ď		ASED NAME	FIRST		MIDDLE	ı	AST		2a. DATE O	FDEATH	МОИТН	DAY	YEAR	2b. HOUR	_
1	/		ETHEL		ARIE		RIS			18,					М
	1, 5E			4 RACE		5. DATE C		YEAR	6 AGE (IN)	EARS LAST BI	RTHDAY)	MONTHS	DER I YEAR	IF UNDER 24 HRS	_
1		Female	(SECT)	White			30, 190		83		YRS.	MOISTING	0213	TOOKS MIT	
6	C	RTHPLACE ISTATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED [OR COUNT	Y OF DI	EATH		
		ryland	A 711	U.S		WIDOWE		ORCED [HINGT				М	
1	Ha	ncock		5 Grov	HOSPITAL, NURSING CHEACILITY, GIVE STREET A Circle	DDRESS)	OR OTHER INSTI	TUTION	120. USUAL (TYPE OF WOR Homen		OF WORKING I		lome	F BUSINESS OF	R
2	13a S	al residence (if nui state ryland	13b COUN	other institution ITY ngton	13t, CITY OR TOWN Hancock	ADMISSION) N	134 INSIDE CIT YES 🖔 I	Y LIMITS?	5 Gro	ADDRESS OVE C	ircle		2175	0	
ō	14. FA	Howard	,	MIDDLE	Corbett		15 MOTHER'S		ΛE	MIDDLE		Pc	st	ī	
1	Ióa V	VAS DECEASED EVE	RIN U.S. AR	MED FORCES?	166. SOCIAL SECUI	ON YTIS	17 INFORMAN			ADDR	ESS		-30		_
	()	NO OR UNKNOWN)		WAR OR DATES)	213-24-8			Roman	5 G1			e, F	lanco	ck, Md	
Ī		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE		Cardiore		ratory	arres	st		Thi		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH	
		Canditians, if any gave rise to imcause (a), state underlying cause	mediate ng the	(b)	r as a conseque Normal I r as a conseque	res	sure Hy	droce	phal	ous		-	2 1)	/ears	
	NO	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEAS	E OR CON	IDITION G	IVEN IN	PART 1(o	4	=
1	CERTIFICATION	19a. DATE OF OPERA	MOIT	196. COND	ITION FOR WHICH (OPERATIO	N WAS PERFOR	MED	200 AUTO	OPSY?	IN CERT			IGS USED OF DEATH?	
1	A SV A	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	216. TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTERNA	TURE OF INJU	JRY IN ITEM 18,	PART 1 OR	PART 2)		
	MEDICAL	WHILE OF WAT WORK AT W	VHILE [7]	21e. PLACE ((AT HOME, STR	REET, FACTORY, OFFICE, FA		211 LOCATION STREET	1		CITY OR TO	WN	col	UNIY	STATE	
	N	22a.1 certify that (I saw the decea abave, (I) (sed alive an.	Tankun	9. 10	5 . an	d that in (my) (19 05 (apinian d	eath accurre		10, date and ha	, 19 8 our and f	om the c	hat (I) (=e) las	it
1		FBT1	ymac	MUM	^		M.D. PF	TENDING X	MEDICAL	STA	FF CIAN [22	DATE !	9/85	_
		224. PHYSICIAN'S N					22e. ADDRESS								_
		Frank 1	3 Tho	mas, II	I,M.D.		Two	Tonol	Loway	Ha	ncoc	k, 1	Md.	21750	

DHMH - 16 60M 7/73

(VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE 7/21/85

24 PUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Catalpa Methodist

23d LOCATION
CITY OF TOWN

Rt#1 Hancock Wash. Md.

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 2 1985

Jerdionessinatory errest immed.

Prince (Commit of the section of the

Frank - Photoc, Mil, H. D. dvo Ponolower manage, No. 21.750

DHMH - 16 60M 7/84 (VRA 15. 4) 230. BURIAL, CREMATION, REMOVAL 236 DATE

7-20-85

Burial

106 East Church St., Frederick, Md. 2170 green of the standard of the standard

Cedar Grove Cemetery Damascus, Montgomery,

021019 2566 F. S. S. S. Hill Ze as only that he wing 1962 Anadadound in., Elland C - Too! " B L D and Cil. raydons fakt the state of the s place . if produce on the sector of the column e companie to the temperature and The state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

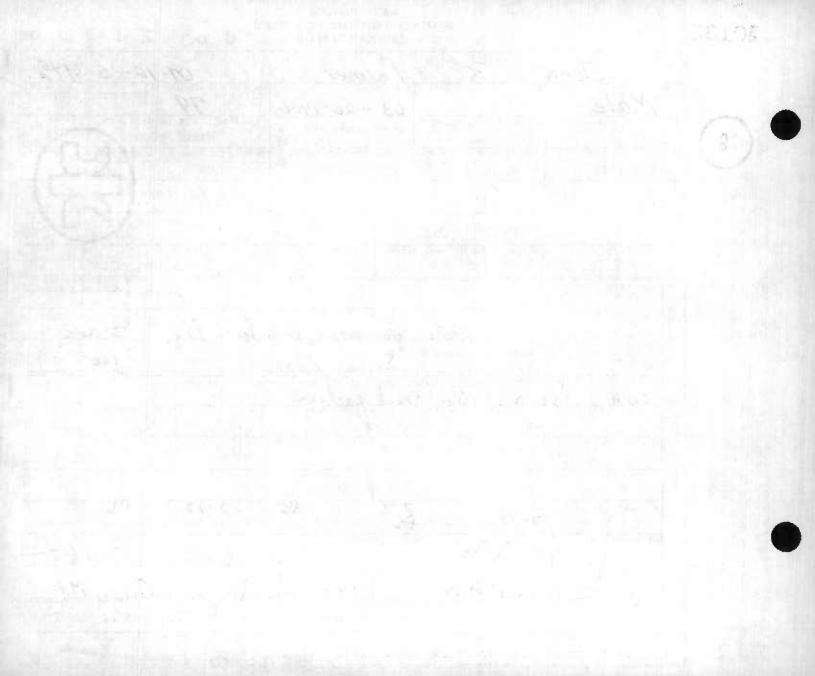
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

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GIENE	100	. 9
	74	A

		REGISTRAR				4	TOTAL OF BEATTI	REG. NO).		- 12	
		CEASED NAME OR PRINT)	OhN	Ral	以	Pa	Imer sr.	20. DATE OF DEATH	MONTH DAY	-85	26 HOU	A M
	3 SEX	Male		4 RACE whit	e	5. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	INDER 1 YEAR	HOURS	24 HRS MIN.
7	C	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O		DEATH		TE.
		aryland			USA	WIDOWE			ington			MD.
1	На	agerstown		Wash	ington Co	unty	Hospital	(TYPE OF WORK FOR MOST O Service		126. KIND O INDUSTRY gas		55 OR
2	13a. S Ma	aryland	136_COUN		13c CITY OR TOW Hagersto		13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	13e SIREET ADDRESS / Washingto	n Ave.	217	40	
1	14 FA	THER'S NAME William		MIDDLE .	Palm	er	15. MOTHER'S MAIDEN NAMED IN N			Eaton		
	No. W	VAS DECEASED EVER (ES. NO OR UNKNOWN) O		MED FORCES? E WAR OR DATES)	214-09-1		Doris E. Sw	reeney, Boon		Md.		
		PART I. DEATH W	AS CAUSE	D BY:	line for 101, (b), one	dic				APPROXI BETWEEN C	MATE INTER	VAL DEATH
		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the	(b)	R AS A CONSEQUE	po	eumonia, lost	Sower lus	Az	Zu	ies_	
2	CERTIFICATION	PART 2 OTHER SIGN CH TH 190 DATE OF OPERAT	As	CUD .	den 1	end	NOT RELATED TO THE TERM 1 A JUST N VAS PERFORMED	INAL DISEASE OR CON	20b IF YES, W	VERE FINDIN	NGS USED)
	TIFIC			3			V	YES NO	IN CERTIFYIN		NO [
1		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	114	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	I OR PART 2)		
	MEDICAL	21d INJURY OCCURE	NE 🗆	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	51	TATE
		sow the decease above, (I) (we) (d	d olive on	7-12	19	7-1	nd that in (my) (our) opinion o	deoth occurred on the do	te and hour or		that (I) (w	
		27b. SIGNATURE	· W	My N	1/2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		7 -/2	SIGNED	
		234 PHYSICIAN AS NO	Z. (Z	BUG	4.0		1933 Va	Alb Ha	zersto	1124	47	
		URIAL, CREMATION, UTIAL	REMOVI	July			EMETERY OR CREMATORY Haven Cemeter	y Hagersto	wn, Was	Sht!, M	aryl	a'nd
	24 FU	INERAL DIRECTOR M	INNIC	H FUNER	AL HOME		25a. DATI	E REC'D. BY REGISTRAR	256. REGISTRAF	R'S SIGNATI	URE	

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)



all strang x Y TEL PARENTE SA SE ACUTE MOTATOTAL INTERTATION STUDY Jack Francisco WILLIAM SEC · CT TO TO TO TO I I I I TILL.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 217002 REGISTRAR 20. DATE OF DEATH DECEASED NAME 26. HOUR TYPE OR PRINTS 1 ALENS 25 -88 4 RACE 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH DAY AU 29 BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington County. WIDOWED DIVORCED | Maryland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Colton Villa Nursing Center Assembly Plant Hagerstown ine Worker USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Knoxville 3605 Petersville Rd. Maryland YES | NO E Frederick 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST John Richard Phillips Alice Kidwiler Jane 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT LIF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) 220-05-3990 Elizabeth Jane Potter - Knoxville. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO OR AS A CONSEQUENCE OF moto Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 71L LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from _, that (I) (we) lost sow the deceased alive on... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERA of be de 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT + 0 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE SPECIFY Burial Brownsville Hgts. Cem Brownsville. 24 FUNERAL DIRECTOR FC DIRY REGISTRARIZED REG DHMH - 16 50M 4/83 (VRA 15, 4) John T. Williams Funeral Home Brunswick. Md

STATE OF MARYLAND

Male en Mila e atute the base of our contrations and states Wil Dittil a game nortes princer William contell topicons topicon branch 1, produced to reduction retted occountries approx .Dr. . Jani Heat .. and attracting procures the terminate process process party of the par . MY Transcrope Agreement, Pa.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

G	ENE 8 56.NO. 2 1 1 0 0
	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 7 16 85 956 A
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	BALTIMORE CITY OR COUNTY OF DEATH Washington
	176 USUAL OCCUPATION (TYPE OF WORK-FOR MOST OF WORKING LIFE) (STRY COTTECTIONAL INDUSTRY COTTECTIONAL
	13e STREET ADDRESS / ZIP CODE 125 Winter St. 21740
4/	Margaret Mills

/		EASED NAME	FIRST		MID Elwood	0	AST	20 DA	ATE OF DEATH	AONTH DAY	YEAR	26 HOUR
2	THE	OR PRINT)	LTDI	U	E	KE	ED SR	00		7 16	85	956
1	3 SE	(4 RACE	1	5. DATE C		6 AGE	E (IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS
)		M				Apri	1 2, 1920 YEAR	140	65	YRS.	NIH5 DATS	HOURS MIN.
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D T NEVER MARRIED	9 BAL	TIMORE CITY OF	COUNTYO	FDEATH	
2		arvland		USA	A	WIDOWE		_ 1.1.0	shington			MD.
1/3		TY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITUTION		SUAL OCCUPATION OF WORK FOR MOST OF	NORKING HEE	126. KIND O	OF BUSINESS OR
7		agerstown		Washing	gton Cour	nty Ho	spital	gi	uard	WORKING (IFE)	orrec	tional itute
6	13a S	AL RESIDENCE (IF NURS	136 COUN	1TY	134 CITY OR TO	WN	13d INSIDE CITY LIMITS	? 13 e.ST.	REET ADDRESS /	ZIP CODE	21	740
1	-	aryland	Wash	ington	Hagerst	own	YES NO		125 WILLE	er st.	- 21	740
11	14. F.A	THER'S NAME PIRST Daniel	Elwo	od	Reed		Mary		Margaret		Mills	.वें
1		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SEC		17 INFORMANT	Call	ADDRES			
1		es	W.W.	II	213-18-	8727	Blanche I.	. Ree	d, Hagers	stown,	Md.	
2	CERTIFICATION	Conditions, if any, gove rise to imm cause (a), statin underlying cause	lost	0UE 10, 0	nee	JENCE OF	Custing Country To THE TE VICENS	le	WELLSE OF COM	TO CALL THE YES YES THE YES TH	VER FINDIN	NGS USED OF DEATHT NO.
9		THE ACCIDENT WAS UND OR CONTRIBUTING IN SITHER HOUSE MEDIC	AUSE OF DEA	TH HOUR A	M. MONTH I	DAY YEAR	THE HOW INJURY OCC	URRED (1	NIES WATURE OF INJUST	PLOTEIN CE. PART	CHEMILE	
/	MEDICAL	214 INJURY OCCURS	eo u D	PLACE (ALMONE SE	OF INJURY RET FACTORY, OFFICE		THE LOCATION	4	city on tow	Ao	COUNTY	Mate
1		27a L certify that (II) SDW Cheepse Observe (II) Process 27b SIGNATORE 27a PHYSICIPATS NA	w	view the body	ne 10	857	nd that A (my Lepus) opini DECONE M AFTENDING PHYSICIAN 224 ADDRESS	s Luci	EXECUTED ON the dot			that (II (we) last causes stated
-	230 0	URIAL, CREMATION,	DEADOVAL	236 DATE	1 22.	NAME OF C	EMETERY OR CREMATOR	NY ATT	TOCATION	-11	- 5	4
		specify)	KLYOVAL				Lawn Mem.Par		lagerstow	n. Was	NUNTY MA	aryland
н		INFRAL DIRECTORMT	MNTCL			cual 1			BY REGISTRARIA			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If them 21 is morked or them 18 shaws any injury, or other troumatic event, th

- STATE

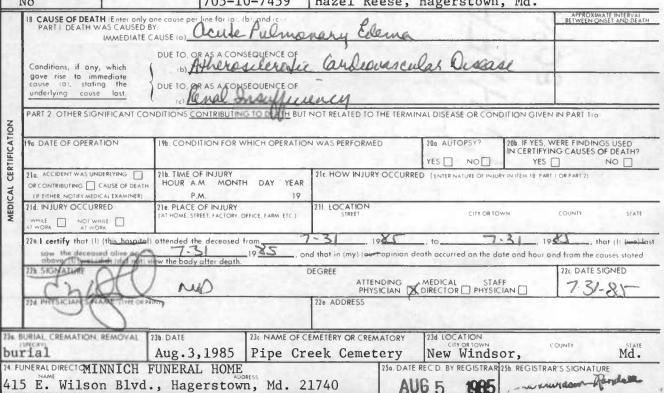
REGISTRAR 1. DECEASED NAME

415 E. Wilson Blvd., Hagerstown, Md. 21740

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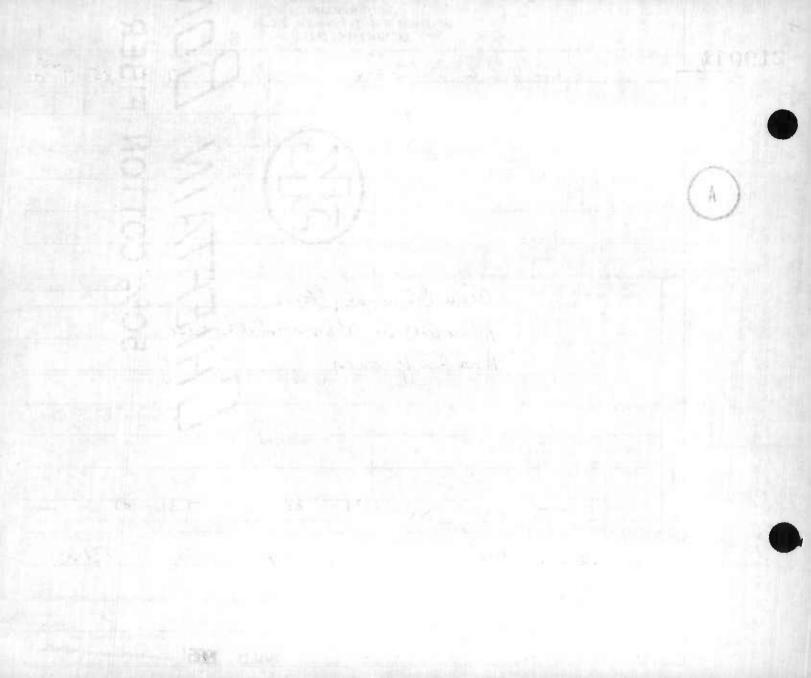


FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2G. NO	2		1	0	1
DECEASED NAME	FIRST	Gê	rald	ι	AST	20 DATE OF DEATH	MONTH	DAY Y	EAR	2b. HOU	
[TYPE OR PRINT]	Fahr	aim	6	Ree	50	TO THE	7	31 8	35	94	A
3 SEX	1	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER	24 HR
male		white			ember 13,1905	79	YRS.	MOI4) H3	DATS	HOURS	MIP
Te. BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
Marylan	d	USA		WIDOWE		Wash	ingto	on			
O CITY OR TOWN OF	DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI				F BUSINE	SSC
Hagerstow	n		ton Coun		spital	controlle			ilr	oad	
USUAL RESIDENCE (#		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
Maryland		nington	Hagerst		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS A				21740)
4 FATHER'S NAME	The state of	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE			LAS1		
Ephraim 60 WAS DECEASED B		J.	Rees		Mary 17 INFORMANT	S.	cc			Rep	2
YES NO OR UNKNOW		E WAR OR DATES)	705-10-7		Hazel Reese,			-			
18 CAUSE OF D PART I. DE A	TH WAS CAUSE	ly one cause per D BY: E CAUSE (a)	line for (a), (b), one	Pruo	Many Elema	SI LINE		86	PPROXI	MATE INTER	DEAT
Conditions, if gove rise to cause (a), underlying (a) PART 2 OTHER	immediate stating the ause lost	DUE TO, OF		ere de	Cardeovasce Levey NOT RELATED TO THE TERM			IVEN IN PA	ART 110		
19a DATE OF OF	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE F			H?
00.00.150.01.01.0	CAUSE OF DEA	in	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PA	ART 2)		
LIF EITHER NOTIFY 21d. INJURY OC WHILE AT WORK	CURRED OT WHILE IT WORK	21e. PLACE (OF INJURY BET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUP	NTY	S	TATE
220 I certify the	et (I) (this hospit	al) ottended the	deceased fram_	0	7-31 1985		-31	190		that (I) A	



DHMH - 16 60M 7/B4 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740



218072

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. I	١٥.	2	-	5	0	6
E OF	DEATH	MONTH		DAY	YEAR	26 HOUR	

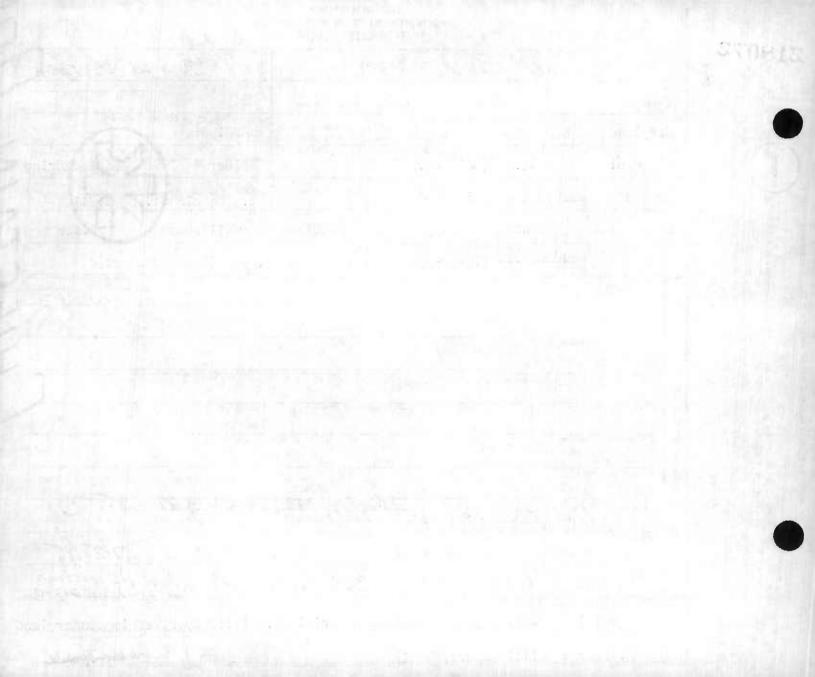
		DECISTRAR		CERT	IFICATE OF DEATH	8 2G.N	0. 6	1 :	0 4	
-		EASED NAME JAME	S Ju		EPP	26. DATE OF DEATH	MONTH DAY	185	26 HOUR 1250 AM	
1	3 SE	nale	4 RACE White		ог віктн ў 14°, 1924	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	M	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	MARR		9 BALTIMORE CITY C		FDEATH	MD.	
)	В	ig Pool	RE.56	OSPITAL, NURSING HOME ACTION GIVE SIREET APPRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF YORK FOR MOST O	ION OF WORKING LIFE)	NOUSTRY Manuf	e BUSINESS OR acturing	
)	Ma			VE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	Rt.56 (Mai	n St.)	217	11	
0	L		raht	Repp	Matitie	Elizab		'R	iser	
		VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES GIV		15-20-9528	Mrs.Florence	C.Repp (ite		oove)		
	NOI	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE OF	OT NOT RELATED TO THE TER		IDITION GIVEN		nths	
1	CERTIFICATION	190 DATE OF OPERATION	19b CONDITIO	ON FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	20b IF YES, V IN CERTIFYIN YES [NG CAUSES		
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOTIFY WAS ALL WORK ALL WORK 220.1 certify that (1) this hospi saw the deceased give on above (1) we) (did) (did no 22b. SIGNATURE	The PLACE OF (AT HOME STREET tal) ottended the continue of the place o	MONTH DAY YEA 19 INJURY . FACTORY, OFFICE FARM ETC.)		CITY OR TO	DWN 19 and 19 part 19	COUNTY	STATE that (1) (we) lost couses stated	
		BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION	Mari	iland	121740	:
		Burial UNERAL DIRECTOR	July 30	,1985Greenla	wn Memorial PI	K. Williamsp	ortWash 25b. REGISTRA	DINGTO R'S SIGNATU	nMarylan URE	d

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is

Major M. Osborne Williamsport, MD 21795 AUG 2

Fina Bairdson Randall



STATE	OF	MARYL	AND
SIMIL	01	terret	~110

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Leroy

Washington County Hospital

16b SOCIAL SECURITY NO.

167-07-3073

CONTRIBUTING TO DEATH BUT

DAY

19

Ressier

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

DDRESS

21b. TIME OF INJURY HOUR A.M. MONT

21e. PLACE OF INJURY

Warfordsburg

76 CITIZEN OF WHAT COUNTRY?

HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

Aug. 17°, 1918

MARRIED NEVER MARRIED

17 INFORMANT

211 LOCATION

ATTENDING

PHYSICIAN

rene F

DIVORCED

15 MOTHER'S MAIDEN NAM

Margaret

8 5 _{G.N}	. 2	-	-	0	3
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	IR
	7 0	7 8	75-	5,	15 M
AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER	
66	YRS	MONTHS	DAYS	HOURS	MIN.
BALTIMORE CITY O		OF DE	ATH		
Washingto	n				MD.
20 USUAL OCCUPAT	ION			BUSIN	
Machinist	OF WORKING LI	Au	toma	ativ	e
			1	3/3	BOL
RD#T Box 8	ZIP CODI	172	67	779	199
E MIDDLE					
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ADDRI	ESS	Jo	hnŝ	on	11.0
ADDRI sler	same		hns 13.	on	
			13.	ON	RVAL DEATH
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sler	same	as	13.	AATE INTE NSET AND 24	RVAL DEATH
sler inpulary	same	as DEN IN P	13. APPROXIMATION OF THE PROVINCE OF THE PROVI	MATE INTERIOR SET AND	DEATH
sler monarge MAI DISEASE OR CON	Same Sulfa Dition Given Sulfa Sulf	as DEN IN P	13. APPROXIMATION OF THE PROVINCE OF THE PROVI	MATE INTERIOR SET AND	DEATH
Saler MALDISEASE OR CON OR 1200 AUTOPSY?	Same Sulfa Dition Gin Zob if Ye In CERTIL YE	AS ZEN IN P S, WERE FYING C	ART IIO	GS USE	DEATH
NALDISEASE OR CON	Same Sulfa Dition Gin Zob if Ye In CERTIL YE	AS ZEN IN P S, WERE FYING C	ART IIO	GS USE	DEATH

REGISTRAR DECEASED NAME (TYPE OR PRINT) 3 SEX Male A BIRTHPLACE ISTATE OR FOREIGN Pennsylvania Hagerstown SUAL RESIDENCE (# NUMBER Penna. PATHER'S NAME Roy

hed

CERTIFICATION

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23h DATE

FIRS1

LL COUNTY

ME WAS DECEASED EVER IN U.S. ARMED FORCES?

OR UNKNOWN)

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last PART 2 OTHER SIGNIFICANT

190 DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNATURE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an

22d PHYSICIAN'S NAME CHIPCON FROM

220.1 certify that (1) (this haspital) attended the deceased from

abave, (1) (we) (did) (did nat) view the bady after death

Yes

Fulton

MIDDLE

I (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

4. RACE

White

23c. NAME OF CEMETERY OR CREMATORY St. Peters Catholic

22e ADDRESS

DEGREE

23d LOCATION CITY OF TOWN

MEDICAL

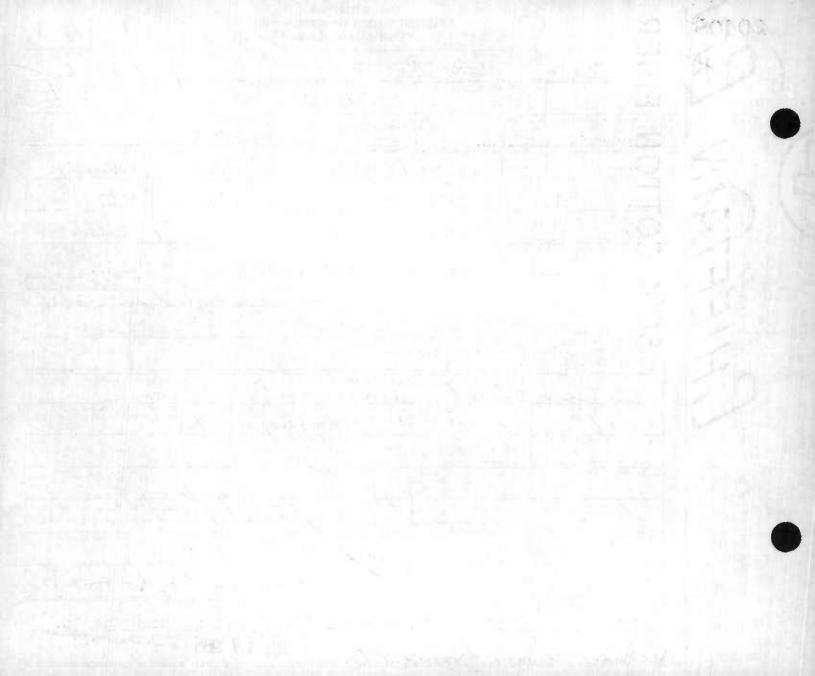
that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

DIRECTOR PHYSICIAN

STAFF

22c DATE SIGNED

Washington Md Hancock



LEE Whenes JE 1911 9 AT 13 milet of 3 A STATE OF THE STA end .c. Let profess of the section o A II 211-16-62-3 Derectiv L. S. rate Civar Sprine, Mc March Land Comment Approvate a sate of the base of approval and the same of the same Borlet Clear Opportunity Charles Clear Spring Washington, The property one The Character and the second of the secon

STATE OF MARYLAND 214140 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH 3:00 (TYPE OR PRINT) 19 10 85 DEATH MATED JULY Topp ALAN RICE PM & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 4. RACE 5 DATE OF BIRTH 3 SEX DATE 3:00 LAST BIRTHDAY) PRONOUNCED SUR 10 85 Kale White Dec. 19, 1963 JULY 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Hary Land U.S.A. WASHINGTON COUNTY WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Washington County Hospital Hagerstown Construction HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 134 CITY OR TOWN 4745 Mussetter Rd., 21754 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert Shelvie Breckenridge 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR JUNKNOWN) (IF YES GIVE WAR OR DATES) Robert L. Rice. 5149 Mussetter Road No 216-94-5287 None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PERMIT E-883 - FALL INTO OPENING FROM 2ND STORY TO 8 DAYS IMMEDIATE CAUSE OR REMOVA DUE TO, OR AS A CONSEQUENCE OF BASEMENT Conditions, if ony, which (Massive skull fracture with brain stem injury) gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A I USED / 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF 11 PRIOR TO BURIA YES X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR XX. MONTH DAY YEAR FELL INTO OPENING FROM 2ND STORY TO :45 PM JULY 11,0 85 0 CONTRIBUTING CAUSE OF DEATH BASEMENT 21e PLACE OF INJURY (ATHOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) MIDDLETOWN. FREDERICK. CONSTRUCTION SITE Mp. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, IN PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STITL ASHORE, MARYDAND, 2 X Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Accident X Natural couses Homicide Undetermined manner Suicide TITLE (SPECIFY) DATE JULY 22,198 DEPUTY SIGNATURE MEDICAL EXAMINER WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. HAGERSTOWN, MARYLAND 21740 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Resthaven Memorial Gardens Frederick, Frederick, Md. 07/B4 250 DATE RECO. SY REGISTRAR 255 REGISTRAR ASIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** Smith, Keeney and Basford uneral Home

106 East Church Street, Frederick, Md. 2170

(VR A15 ME (5))

DELLUCY JUL VT SETTING SET ST YEST WE SEE I I SEE THE THE TOTAL THATEAN CANCELL MEAN STATE STATE SHOTING STATE OF THE STATE OF TH TAL 2132 II SHOW THE STREET HT Y IST SUS MER BUILDING THE JULY PICEURTAVE, PICEURS, STIR PRITE STEEL JULY 22, 1805 YTL TABLE SIGTES FILL THE AVE. SCHARGE I. ITTES, III. L.E. AREAST IN A SYCAMB 21040

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/B4 (VRA 15, 4)



Brown Funeral Home. Inc. Martinsburg. W. V

(VR A15 ME (5))

ESTATIVE PROPERTY OF THE STATE S. C. PUUL WITHURL HOTSHIHSAU F1192023 - 5-1 000 - 60 -0 THE STATE OF THE S TATOMAR OF THE STATE OF THE STA THE LEAD WATER, 1955 THE ET WALLESTON STREET . U. . ITTI . III. CAR ISTE ALVEAU . HOTE SEA

415 E. WILSON BLVD., HAGERSTOWN, MD. 21740

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 AG. NO	2	1 1	0 9
		CEASED NAME OR PRINT)	BARD	^	Franklin?		1berry	20. DATE OF DEATH	7/2	7/85	26. HOUR 945 PM
	Male			/ white		September 23,1908		6. AGE (IN YEARS LAST BIRT)	YRS.	ONLINE DUCE	FOURS MH.
	Per	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Ennsylvania		76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DNORCED		9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON			MD
	Hagers town			117. NAME OF HOSPITAL, NURSING HOME UIF NOT IN SUCH FACILITY, ODE STREET ADDRESSI WAS NINGTON COUNTY HO OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION				Laborer	NO NEW WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		
	Ma ¹³⁰	ryland	Wash it		134 CITY OR TOWN Hagers town		13d. INSIDE CITY LIMITS? YES NO		DRESS / ZIP CODE St. 21740		
	Wi	THER'S NAME	Marsl	hall	Rosenber		Mina	Tilila ADDRE		leagle	57
	16a WAS DECEASED EVER IN U.S. ARMED (YES NO OR UNKNOWN) IF YES GIVE WAR				217-30-5784 Mrs.Bard Ro						
The second secon		Conditions, if ony, gove rise to imm cause (o), statin underlying cause	which mediate g the		Cong	NCE OF	us heart lestrative	y asses Jackine nulmner	g des	Am Per	brown ?
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS C					NOT RELATED TO THE TERMI	RMED 20a AUTOPSY? 20b.		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO 1	
	MEDICAL CER	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE C			M. MONTH DAY YEAR M. 19					STATE	
		220.1 certify that (I) saw the decease abave, (I) (we) Id 22b. SIGNATURE	(this hospital	gnes	127 198		nd that in (my) (our) apinion d DE GREE ATTENDING PHYSICIAN	leath occurred on the do	F		
		22d. PHYSICIAN'S NA		B. AL	IZANED	5	363. S-	Clevela	nd K	fre.	

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Major M.Osborne (VRA 15, 4)

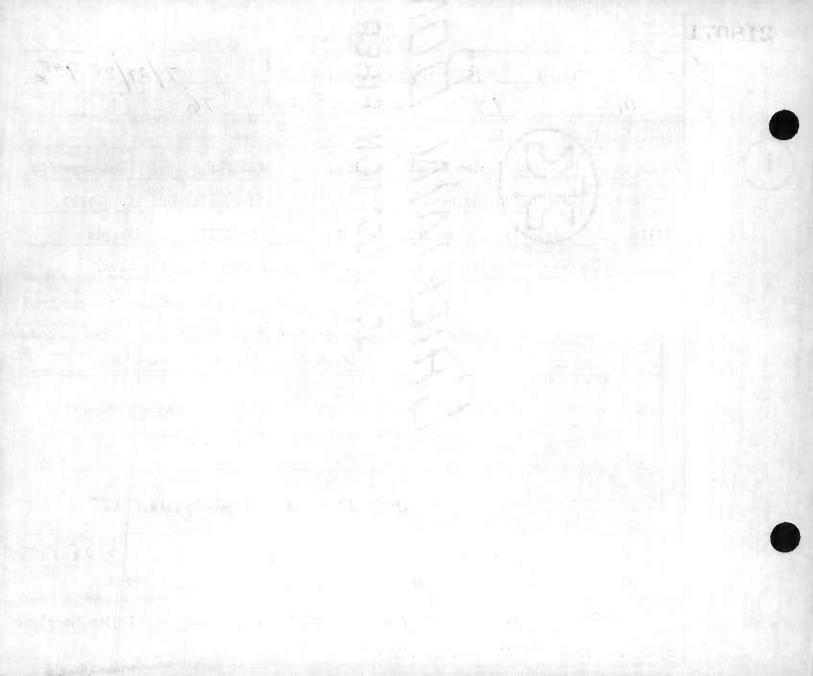
Williamsport, MD. 21795

Jul.30,1985

236 NAME OF CEMETERY OR CREMATORY CITY OF TOWN CITY OF TOWN Washington Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE ER'S CERTIFICATE OF DEATH -213126 REGISTRAR DI CEASED NAME DATE KNOWN PE OR PRINT ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, SCHILLING TODD DEATH MATED Duane SEX DATE PRONOUNCED Oct.12,1967 DEAD 6 CITIZEN OF WHAT COUNTRY? 76 BIRTHPLCET 41 PE OF MARRIED NEVER MARRIED U. S. A. Washington Mountain View, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Construction Carpenter Labor Washington County Hospital Hagerstown USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Washington Boonsboro 13d. INSIDE CITY LIMITS? 1331 Lanafield Circle 21713 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST Uttley Schilling Kathryn Louise Ronald Lee 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 31 Lanafield Circle LYES, NO. OR UNKNOWN) 219-96-5474 Mr. Ronald L. Schilling. Boonsboro, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY INTVA CVANIN W14V7-3 IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which ACCIDENT gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 196, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY IOR TO UNDERLYING July 281985 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF MUNRY (AT HOME. 211 LOCATION 21d INJURY OCCURRED AT WORK AT THE RUND TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIR BALTIMORE, MARYLAND, 2) 22a I certify that I took charge of the remains described above, held an and in my apinian death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME go Northern Av HogersTours (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236 DATE 7-30-85 Cedar Lawn Mem. Park Hagerstown, Wash. Co., Md. Burial 07/84 25M 256. DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNADER CONTROL **DHMH - 17** John H. Bast, Jr. Boonsboro, Md. 21713 (VR A15 ME (51)

STATE OF MARYLAND

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1381, 21.30

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CONTRACTOR AND ADDRESS OF A STREET OF THE ST

orticl 72 02-35 Court have Men. Park deserators, Sail Co., Md.

Voku H. Bast. Jr. Boonspore, Ma. 27873

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 03000 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FEGISTRAR** REG. NO DECEASED NAME 26 HOUR 20. DATE KNOWN TYPE OR PRINTI ESTI-William DEATH MATEDXX Schinde 1985 Larry 1 SEX 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male white DEAD June 14. 1947 Ta BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington County, Maryland WIDOWED DIVORCED D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TTYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Hagerstown Washington County Hospital (DOA) unemployed 13a STATE 136 COUNTY 138 INSIDE CITY LIMITS? 13e STREET ADDRESS 843 W. Washington St. 21740 Washington Maryland Hagerstown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Keedv Schindel David R. Doris 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 214-46-7320 Susan M. Schindel, Hagerstown, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM RE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOING THE CHURRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PEWINT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELE BALTIMORE, MARYLAND, 21301 PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: MIMMEDIATE CAUSE (a) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗆 NO IX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOURXAM. MONTH DAY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) propeller UNDERLYING XOR 10 85 subject fell in water and struck by boat/ CONTRIBUTING CAUSE OF DEATH 5:30 M. 7 218 PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK Potomac River-Dam #4 river Washington, MD. Inspection X 22a I certify that I taak charge at the remains described above, held on Autopsy Inquiry and in my apinian Accident X Homicide . Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL 7/9/85 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Hagerstown, Wash., Maryland July 10,1985 Cedar Lawn Mem. Park burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Fix Devidson Pandalle. 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

90 DATE OF OPERATION

21d. INJURY OCCURRED

226. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

CITY OR TOWN

MONTH

July

York.

2b. HOUR

17b. KIND OF BUSINESS OR

Siyer

APPROXIMATE INTERVAL

21740

5:00

IF UNDER 24 HRS

1985

IF UNDER I YEAR

INDUSTRY

1956 White Street

Pa.

4

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased of abave, (1) (we) (did)

P.M.

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (aur) apinian death accurred on the date and hour and from the DEGREE

211 LOCATION

19

STAFF DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

STATE

274 PHYSICIANS NAME ITHEORPEN

22e ADDRESS

23t. NAME OF CEMETERY OR CREMATORY

138 LOCATION

should be detached with the State Dept 23e BURIAL CREMATION, REMOVAL Burial

MEDICAL

A.K. Coffman Funeral Home, Inc.

23b. DATE

Hagerstown, Md. 24 FUNERAL DIRECTOR

Rest Haven Cemetery Hagerstown, Washington, whia Davidson-Mandell

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL DIF

Mental Hygi

00

IMPORTANT:

DIVISION OF VITAL RECORDS, 201

Tavid

Mest haven Ceastery Hagerstown, Institution; THE TWO STORES A.M. Colfrag Puneral Come, Inc. injury, or other troumotic

morked or Item 18 shows

IMPORTANT: If Item 21 is

192028 STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REO.	۷٥.	2	1	1	1	É
E OF D	DEATH	MONTH	DAY	YEAR	2 b	. HOUR	

REGISTRAR		4411111			REO. NO	D. •	-	
I. DECEASED NAME FIRST	MIDDLE	1	AST		2a DATE OF DEATH	HINOM	DAY YEAR	26. HOUR
Rhea	Α,	501	nmid	F	06	- 29	1 - 85	80% or
3. SEX	4 RACE	5. DATE C	F BIRTH	¥€ AR	6. AGE IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HR
Female	white	03	31	1895	90	YRS	MONTHS: DATS	HOURS MI
	76 CITIZEN OF WHAT COUNTRY?	8	D NEVED		9. BALTIMORE CITY O	R COUNTY	OF DEATH	
HAgerstown	U.S.A.	WIDOWE		NORCED	Wash:	ingto	n	,
O CITYOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C			12a USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS
Hagerstown	Washington Count	- 1	pital		knitter	F WORKING LI	hosi	erv
USUAL RESIDENCE (IF NURSING HOME OR 138 STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E-ADMISSION)	1	CITY LIMITS?	12 CYDEET ADODECS	ZID CODE		
100 00011	Ington Boonsbor		YES X		13e STREET ADDRESS /			3
4 FATHER'S NAME				S MAIDEN NAM	NE STATE			
Harry	Schmidt		Ma	argaret	MIDDLE]	Mentzer	
MAS DECEASED EVER IN U.S. ARA		JRITY NO.	17 INFORM		ADDRE	SS		
(IF YES, GIVE	and -a6	-3889	Mrs.	Vivian H	entschef, l	Darly	, PA.	
18 CAUSE OF DEATH (Enter and	y one couse per line foggot, (b), on	diei					APPROX	MATE INTERVAL
WWEDIA	DUE TO, OR AS A CONSEOU	ENCEOF	-4			(Int)		
Conditions, if ony, which	((b) B 2000	ofs	gruch	7-2 0	Some			
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			0			
underlying couse lost.	(c)			100				
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART I	0
<u> </u>								
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDING CAUSES	NGS USED
					YES NO		S	NO [
	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW II	NJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	111	19	100					
OR CONTRIBUTING CAUSE OF DEAR	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	FARM FIC \	211 LOCATI		CITY OR TO	WN	COUNTY	STATE
AT WORK NOT WHILE		mini, ere j						
220 I certify that (I) (this hospit	ol) ottended the deceased from_				_, to			that (I) (we) la
sow the deceased alive on above. It is add told not	I view the body after death.	on	nd that in (my) (our) opinion de	eoth occurred on the do	te and hou	or and from the	couses stated
23h SIGNATUS	INON.	2	是GKE		VI5DIG		22c. DATE	SIGNED
andon	11 June	an	7	PHYSICIAN [MEDICAL STAF	IAN A	6/	296
224 PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRE	SS				
Hudrew.	1, Gunn							
Burial, Cremation, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
burial	July 2,1985 R	ose H	ill Cer	netery	Hagerstown	n, Was	sh., Ma	ryland
FUNERAL DIRECTOR MINN		E		25a. DATE	REC'D. BY REGISTRAR	756 REGIST	RART SIGNAT	URE Randel
415 E. Wilson Bly	d., Hagerstown,	Mary1	and 21	740	L 0.9 1000	200	A transation	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL



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STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYG	IENE 8 RED. N	. 2	1 1	1 5	
	I. DECEASED NAME FIRST	AIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR	
	David	Gale	SEIB	ERT	July 20,	1985	1	0:00	
	3. SEX	4. RACE	5. DATE OF 8		6 AGE (IN YEARS LAST BIR	THDAY] IF	UNDER TYEAR IF	UNDER 24 HRS	
	male	white	Sept.	6, 1926 AR	58	YRS	VIHS DATS HO	JURS MIN.	
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
1	Williamsport	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE) Homewood Retire	ment Cer		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C		126 KIND OF BUINDUSTRY Mack T:	usiness of rucks	
7	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COU Mary Land Wasi		own 13d	LINSIDE CITY LIMITS?	13e STREET ADDRESS P. O. Bo	/ ZIP CODE $0x 332$,	Rt. 2	217	
)	Kieffer	S. Seiber		Helen	B_{ullet}^{MIDDLE}	(mark	Hatt		
	160 WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) YES KOTE	rmed forces? 166 social section of Conf. 220-26-		Mrs. Edith S	Seibert, Hag				
	PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), of ED BY (TE CAUSE (a) Pneumoni					BETWEEN ONSE	E INTERVAL IT AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU							
		conditions contributing to		T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1:a		
)	Amyotrophic 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH		/AS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF		
1	00.00	HOUR A.M. MONTH D	DAY YEAR	CHOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	- 6	
	OKCONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		I LOCATION STREET	CITY OR TO	NWI	COUNTY	STATE	
	saw the deceased alive ar abave, (I) (we) (did talance	oital) attended the deceased from	was the	nat in (my) (aur) apinian COVETAGE O	death accurred on the d	ale and how a	nd fram the cou	ses stated	
	22b. SIGNATURE	(Mahu)	DEG	ATTENDING PHYSICIAN	MEDICAL STA	FF _	7/23/8	SNED	
	Howard N. Wee	eks. M.D.	22	580 Norther	n Alvenije 14	lacerete	SW CENT		

should be detached for with the State Dept of WPORTANT: IF

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL burial

231 NAME OF CEMETERY OR CREMATORY Salem Church Cem.

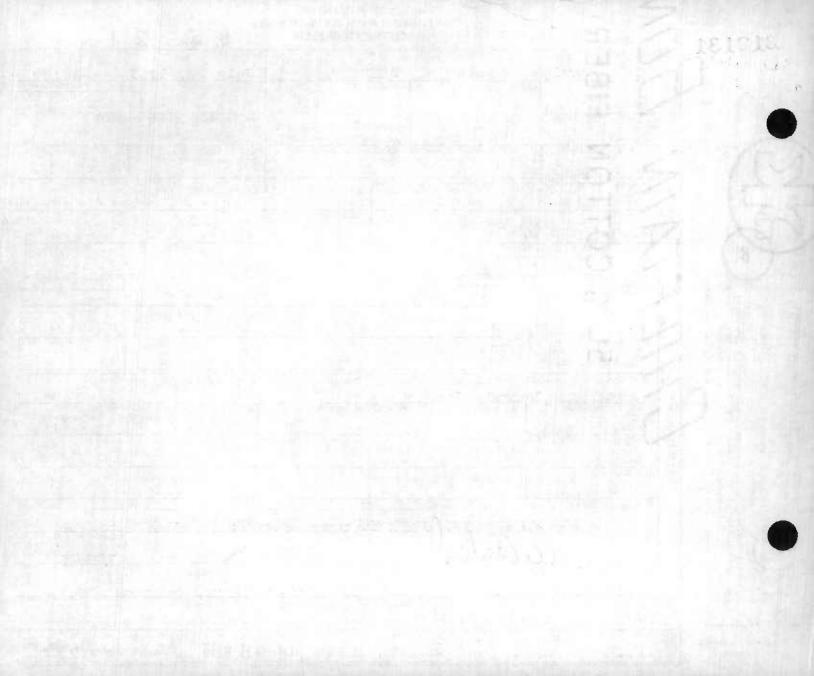
73d LOCATION
CITYORIOWN
Hagerstown, Wash., Maryland

July 23,1985 Seminnich Funeral Home

25a DATE REC'D

BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

14 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740



07/B4

DHMH - 17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR

John H. Bast, Jr. Boonsboro, Md. 21713

250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

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Amoval- Juriel 7-20-95 Evergreen Genetary Michael Miconsin

Found H. Osst, er. seemspare, ed. 2773

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190-32-1650 Mrs. June J. Moeller. Careceville, Hi.

DEPARTM	ENT OF H	OF MARYI EALTH AND ICATE OF	MENTAL HY	GIENE 8	REG. NO.	2				8
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ite	5. DATE C			6 AGE IN	VEARS LAST BIRTHD		IF UNDER		# UNDER	10 M
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THE RESIDENCE BEFORE THE CITY OR TOWN Hagersto		134 INSIDE	CITY LIMITS?	13e.STREET	ADDRESS / Z	r St	E .	2	1740)
Shadra	ch	15 MOTHER	Cather:		Willians		(Garī	ing	
166. SOCIAL SECUI 220-30-96		17. INFORM	Cather	ine G.	Shadra		Hag	erst	own,	Md.
line for to job, one	Val	iar	a	ne	P	-	. 8	APPROXI	MATE INTER	DEATH
AS A CONSEQUE	NCE OF	my	ar	len	De	Ro	2	1	re	8
ASA CONSTANT	ACE OF	lei	the	0	17		_	4	e	7

4. RACE female wh: TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF V Maryland 10 CITY OR TOWN OF DEATH NAME OF H (IF NOT IN SUC Hagerstown II36 COUNTY Wash. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE Md. 14 FATHER'S NAME MIDDLE Gernard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) no 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)____ DUE TO, OR Conditions, if ony, which (b)___ gove rise to immediate couse (a), stating the DUE TO, OR underlying cause MELLING CONTRIBUTING OPEATH AT NOT RELATED TO THE TERMIN A DISEASE OR COMOITION GIVENIN P CERTIFICATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET NOT WHILE AT WORK the deceased alive on June
habore, (1) (did) (1) (b) (1) hew the body often (XX) opinion death accurred on the date and hour and from the causes stated 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN V DIRECTOR PHYSICIAN 22e ADDRESS Richard T. Binford, M.D. 1135 Potomac Avenue, Hagerstown, Md. 21740

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HOY

FOR - STATE

(TYPE OR PRINT)

REGISTRAR . DECEASED NAME

FIRST

June

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

Davis Funeral Home

24. FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Crematory 23d LOCATION CITY OR TOWN COUNTY

STATE

tory Smithsburg, Wash, Md.
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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214011 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DE REGISTRAR DECEASED NAME 2a. DATE (TYPE OR PRINT) OF FOR YOUR FILES. WITHIN 72 HOURS Herbert DEATH MATED DATE OF BIRTH IF UNDER 24 HRS 2c DATE 22 VPC PRONOUNCED 20, 1963 male white Jan. DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Maryland U.S.A. Washington 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Williamsport golf course Kemps Mill grounds keeper 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 21740 950 LanvaleStreet Maryland Washington Hagerstown BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Patsy Miller Shantz Raymond 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Patsy V. Payton, Hagerstown, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARED TO THE CASE AGE 3 SHOULD BE USE ATE DEPARTMENT OF 210. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR CONTRIBUTING TICAUSE OF DEATH 26 1985 21d INJURY OCCURRED 21e PLACE OF INJURY AT WORK DYCHaek AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SY, BALYMORE, MARYDAND, 2. 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR Hagerstown, Washington, MD. July 30,1985 Cedar Lawn Mem. Park burial 07/84 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 415 E. Wilson Blvd., Hagerstown, Maryland 21740

STATE OF MARYLAND

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STATE OF MARYLAND

L HYG	8 RE. NO.	2		2	0
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74	CITY OR TOWN		COUNTY		ATE
oinion	death occurred on the date and	19. hour of			
NG AN [7	MEDICAL STAFF		22c. DATE	SIGNED -	3-

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	THE ON	cha cha	rles	E.	SHAW	, Jr.	20. DATE OF DEATH	MONTH MY	-85 3:
1	SEX		4 RACE		5 DATE OF		6. AGE (IN YEARS LAST	BIRTHDAY) IF UN	DER I YEAR IF UNI
1	Ma.	le	White		Jul	y 4, 1902	83	YRS	DATS NOOK
0/	New Martinsville 10 CITY OR TOWN OF DEATH Hagerstown			A•	8	NEVER MARRIED	9 BALTIMORE CITY Washin		DEATH
1.000				OSPITAL, NURSING		OTHER INSTITUTION Village	120. USUAL OCCUPA (TYPE OF WORK FOR MOS! FAITHOR		LE KIND OF BUSINDUSTRY
U.S.	SUAL R	TF 1136		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Fairplay	N 11	34 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	1 21
Jen 14	FATH	Charles	Edward	Shaw		S. MOTHER'S MAIDEN NAME FIRST ELIZADO	eth Pr	att	Luca
160	No.	DECEASED EVER IN U.	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	217-28-1		Mrs. Charlo	tte L. Shar	RESS P. O. W, Fairpl	Box 1 ay, Md.
y, or other troumo	9 cc U	conditions, if ony, while the conditions of the condition	the DUE TO OR	AS A CONSEQUE	METOLVA DEATH BUT N	y Track	rules for a	UN DITION GIVEN IN	N PART 110
ony injui	190 190	DATE OF OPERATION	190 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS U
200	CERTIFIC	mully.	ING 21b. TIME OF			WAS PERFORMED	YES NO	YES [CAUSES OF DE
	WEDICAL 210 MAT 220	DATE OF OPERATION DATE OF OPERATION CONTRIBUTING CAUSE OF ETHER NOTHY MEDICALEX INJURY OCCURRED CHILE NOT WHILE AT WORK D. I certify that (1) (this sow the deceased oli	OF DEATH HOUR A.A. P.A. 21b. PLACE C (1AT HOME STRI	FINJURY A. MONTH DA A. DFINJURY EEL, FACTORY, OFFICE, FA	AY YEAR 19 ARM. ETC	21c. HOW INJURY OCCURE 21t. LOCATION STREET that in (my) (our) opinion of	YES NO RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 (COUNTY COUNTY That (1)
with the State Depti, of Health and Mental MPORTANT: If them 21 is marked or them 1	220 220 220 220	DATE OF OPERATION D. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE IF EITHER NOTHY MEDICAL EX D. INJURY OCCURRED WORK AT WORK O. I certify that (1) (this sow the deceased oli above, (1) (we) (did) (4) D. IGNATURE	ANG 21b. TIME OF HOUR A.A. ALAMINER) P.A. 21e. PLACE C (AT HOME STRI TO PROPER PRINT) TYPROP PRINT)	FINJURY A. MONTH DA A. OF INJURY TET, FACTORY, OFFICE, FA office deoth. OF INJURY TET, FACTORY, OFFICE, FA TO ACCOUNTY TO	ARM. ETC.	21c. HOW INJURY OCCURE 21t. LOCATION STREET that in (my) (our) opinion of GREE	YES NO RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 (COUNTY thor (I

DHMH - 16 60M 7 (VRA 15, 4)

John H. Bast, Jr.

Boonsboro, Md. 21713

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John H. Bast, Jr. Boomsboro, Md. 21713 Hu 1 C son

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STATE OF MARYLAND 204085 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH IS REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-WILLARD JOHN 19 85 & AGE (IN YEARS 2d HOUR 3 SEX 4 RACE 60 PRONOUNCED May 21 1925 Male Whita 3:30 ... DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Mary land U.S.A. WASHINGTON DIVORCED IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS R.V. Assembly For MOST OF WORKING LIFE) Hancock ISUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21750 NO XX Rt.#2 Maryalnd Washington Hancock 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William William Albert Mae Weller Shoemaker Gertrude 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Maryland 21750 ox 120 Hancock Mars Rt#2 Box 220-16-3143 Mrs. Izora B. Bivens Korea Yes APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY HEART FAILURE-#428 CONGESTIVE IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF ERIOSCLEROTIC HEART DELEMEN429 Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CARDIONEGALY #429 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING TO CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK Autopsy 22a I certify that I took charge of the remains described above, held on Inspection death resulted from: Notural couses Suicide Homicide Undetermined monner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Washington Md. Rt#2 Hancock StoneBridge Brethren Burial 07/84 25M INBRAMDIRECTOR Gilia Davidson Handalle **DHMH - 17** ADDRESS (VR A15 ME (5))

1 9 1 mg STEATH SHOW SHOULD CHANGE A 60 84.7 Coloral : Y-AL HS HINLETONS THE PRINCE HENCE PRINCES IN THE MINS / SECOND SECOND NEWS DULL THE PARK ALD CALUSIE THE CHAY F126 OVER SOME SO SCHOOL ON DESIGN TO SEE

DHMH - 16 60M 7/84 (VRA 15, 4)

Mervin O. Fogelsanger

236 DATE

July 3,1985

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

Shippensburg, Pa.1725 UL 12

138 C. A

Spring Hill Cemetery

Shippensburg, Cumber Tand, Penna.

C.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2 1985

23d LOCATION

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2	ING PHYSCIAN. The low requires that Art District certificate bit executed within 24 hours after death. Fage 4 n	After the certificate has been upped by the placed physican and completely filled in by the funeral director, in the bunderman permit. They place process condainsopers. Pages filled 3 shalld be filed within 72 hours after

203439		FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	8	, 2 RE. NO. 2		2 3	
Sec. 1		EASED NAME Adalia	Adale	ne /	Mae Add	die	Smith	7-3	July		26 HOUR 524	
ge 4 mo ector, po rs other s	1.58	female	4 RA		hite	S DATE C		6. AGE (IN YEAR	AA-		HOURS MIN.	
of the state of th	100	nnsvlvania	7b. C		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED		city or county of shington	OF DEATH	DEATH	
Jan	0.6257	agerstown		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WASHING TO COUNTY HOSPITAL			170 USUAL OC (TYPE OF WORK FO NUTS	CUPATION OR MOST OF WORKING LIFE ALGE		BUSINESS OF		
100	13a S	AL RESIDENCE (IF NURSIN TATE Md.	GHOME OF OTHER 36 COUNTY Wash.		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cavetown	N	13d INSIDE CITY LIMITS? YES NO []	13e.STREET AD	DRESS ZIP COPE O. BOX 16	21	720	
and	7	Cyrus	WIDDLE	E	Smith		Sarah		Ellen	ra . K	endall	
Poges (VAS DECEASED EVER IN ES NO OR UNKNOWN)	U.S. ARMED (IF YES, GIVE WAR		MA 931-5		Mr. Emmert	Smith	ADDRESS Smith	sburg, M	d.	
equives that yet Dean certain or signed by the Dean can be the bloom whose on both to bloom the bloom that the mental or reflect treatments e	NO	Condition. If any, gove rise to imme cause (a), stating underlying cause	arate the last.	DUE TO, O (c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE O	DR CONDITION GIVE	N IN PART 110		
The far	CERTIFICATION	1% DATE OF OPERATION				OPERATIO	N WAS PERFORMED		NO THE YES	tues of	SS USED OF DEATH?	
NG PHYSICIAN, offending physician the risk certifical as the buriof-troph of and Mentol Hygorkedos from 1813	MEDICAL CE	718. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH L EXAMINER) 2	P. PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, F	19	216. HOW INJURY OCCUR		RE OF INJURY IN ITEM 18 PAI	COUNTY	STATE	
AL OR ATTEND The hospital at AL DIRECTOR, a selection of the or head of the or at the DIRECTOR of the OR AL		22a I certify that (I) (I III with decensed III was (Idio	alive an	/ /	10		d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	death accurred of	STAFF			
D HOSPIT. So FUNES, O FUNES, O FUNES, MANUAL by ANDREAN		E.R.	AE LYPE OR PRINT		pali		27 ARDRESS	n Us	velored C	Dages	4. MI	
BP		URIAL, CREMATION, RI SPECIFY) Buriel		uly 8	,85 Re		ven Cemetery		rstown, Was		STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)		avis Funer	al Home	S	miths burg	, Md.	250 DA	1 2 19	5 Julia Ja	AR'S SIGNATO	Holes	

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	DR ATE GISTRAR	DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	6 REO 10.	21124				
1 DECEA	SED NAME FIRST JOSEY	MIDDLE W.	5	MITH	20 DATE OF DEATH MONTH	27, 1985 925 27, 1985 925				
3 SEX		4 RACE White	S. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
COUR	LACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUR					
4	erstown	11. NAME OF HOSPITAL, NURS	SING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATION (1YPF OF WORK FOR MOST OF WORKIN Carpenter	126. KIND OF BUSINESS OR				
USUAL R 13n STAT Mar	E _ INCOLL	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY PTICK MIGGLE M		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	²⁰⁵ Rd. 21769				
4 FATHE	R'S NAME Hubert	W. Smith		IS MOTHER'S MAIDEN NAM		Blank				
160 WAS	DECEASED EVER IN U.S. AR					Monument Rd. etown, Md. 21769				
18	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), (b) BY: TE CAUSE (a) DUE TO, OR AS A CONSEC	mee	2 1	122	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 3 WORLD				
9	anditions, if any, which ave rise to immediate buse (a), stating the aderlying cause last	DUE TO OR AS A CONSEQ	UENCE OF G	desperate	outruellan	3 weeks				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA									
A H	DATE OF OPERATION	Addison FOR WHICE		of straingh	YES NOT IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO				
₹ OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)				
星	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E			211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	220. I certify that (I) (this haspital) attended the deceased from 39, 19, 35, to 120, 19, 35, that (I) brestost saw the deceased alive an above, (I) (bresto) (did not) view the bady after death.									
4	SIGNATURE	Janl M	D.	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 7/28/83				
726	PHYSICIAN'S NAME (THE	MARSH M	D.	12e ADDRESS 239		2 57 2 01740				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR John"H. Bast, Jr.

230 BURIAL, CREMATION, REMOVAL

Burial

Boonsbord, Md. 21713

23c NAME OF CEMETERY OR CREMATORY

Boonsboro Cemetery

23b. DATE

7-30-85

23d LOCATION COUNTY BOONSBOORO, Wash. Co., Md.

JUI 3 0 1985

250 DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SIGNATURE

HTIME IN THE PARTY

10, 1922 Sc

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Marylons recertor Mindesons - to Penganout Ma. 21/29

Sport S. Saila Hillian Jane Blane

Tesa W. W. Two Ci.-24-926. Bys. Avice P. Britti, Millatonn, Md. 21769

'- 0-35 beengoure being booksberg, tun. Co., Mu.

SHIP TEXT OF YEAR

long H. Bast, dr. Scoussoro, E. 21713

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OF THE PARTY OF TH	REE	3 SEX		4. RACE	5. DATE OF BIR	TH	6 AGE (IN YEAR			IF UNDER	24 HRS.	2c. DATE		MONTH	DAY YE	AR 2d_HQL
7. P	(5) Z		Male	White	Jan.26,		22 YRS	MONTHS	DAYS	Hours	MIN.	PRONOUNC		ULY	18 198	5 12:4
A NOT A SERVICE	8		RTHPLACE (S		76. CITIZEN OF				FD /			9 BALTIMO			TY OF DEATH	
STATE OF THE STATE	そう		REIGN COUNTRY)	minia	II S A			MARRIED	XX	VER MARR	IED [-	_	OUNTY	
名字 名子 名子 名子 名	5	40 CL	est Vir	OF DEATH	II. NAME OF H		IRSING HOME,		_		12a USU	IAL OCCUPA	TION (TYP		126 KIND OF	BUSINESS
4-34	9	Tal	ashingt	on Co.	BNOT IN SUC	H FACILITY, GIVE S	STREE ADDRESS)					ost of workther			OR INDU	
- 120 E M	8	USUA	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION	, GIVE RESIDENCE	E BEFORE ADMISSION								N.G.G	Inc.
AND AND RETAIN	3/5	13a. S1	.Va.	Jan Con			ORTOWN		I INSIDE CI	NO [ET ADDRESS		7	1779	7
9 th che to	2	-	THER'S NAME		keley	I Mar	rtinsburg		XX	R'S MAIDI	EN NAME	18 No.		n Str	eet /	
N TENER	F1) 1	1	FIRST		WIDDLE	Conne	LAST		FI	IRST		MIDI	DLE		LAST	
MOR WAGE	Z P	Ida V	AS DECEASE	DEVER IN U.S. AR		Snov	CIAL SECURITY I	10. 17	INFORM	June	,		ADDRESS	5	Smeltze	r
E 150	Sio	(YE	NO. OR UNKNO	(IF YES, GIVE	E WAR OR DATES)	22	2-08-307			D1 -		1	0			
	a a	V		F DEATH (Enter or	nly ane cause per			<u>u </u>		Paula	1	nnson	Snot	w-Ma	rtinsbur APPROXIW	AATE INTERVAL
LE BENDE	Y-J	/	PARTIDE	ATHWAS CAUSE	D BY:	-994 -	DROWNI	NG							MOME	NT Q
O ANOR	OVA		710	O IMMEDIA	TE CAUSE (0)		NSEQUENCE OF				-		-		Monte	****
五年第二次	T S	1		ns, if any, which												
W. W. W. TRA	N O N			se to immediate stating the under		OR AS A CON	NSEQUENCE OF						-			
SKA SE	N.Y.		lying cau	se lost.	(6)										16.40	
S C S C S C S C S C S C S C S C S C S C	ATIC		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH RUT NOT REL	ATED TO THE TERMINA	L OISEASE DR	CONDITION	GIVEN IN PA	RI Yuni					
RECORDS TO BE DEF PENDING MEDICAL O AS A BU	H3	N														
= 70 0	F HEAL	CERTIFICATION	190. DATE OF	OPERATION	196 CON	DITION FOR	WHICH OPERAT	ION WAS	PERFOR/	MED?					20 AUTOP	SY?
		H													YES [No X
OF V ATE S THE (ID BE	BEN	CERT		L CAUSE WAS	216 TIME	OF INJURY		Zic. HOW	INJURY	OCCURRE	D LENTER N	ATURE OF INJUR	Y IN ITEM 18	PART 1 OR PA		INTO
ON ON ON O	DEPARTMENT C	AL	UNDERLYING	OR CAUSE OF	DEATH 2:30	OF INJURY MX MONTH	16 19 85	CAUGH	H TH	N UND	ERTO	H BOOT	SAUL	ROUS	ERS ON TH POW	ERPLAN
AISK ING ING ED 1	PRIC	MEDICAL	21d INJURY C	CCURRED	21e PLAC	E OF INJURY	(AT HOME,	211 OCA	HON	SMIT	-					DAM
DIVISI THIS CERT E, WRITING WARDED PAGE 3 SH	STATE C	×	AT WORK	NOT WHILE		OMAC R						T WILL			WASH.	STATE
TE, V	STA	193	22-1	fy that I took char	-					Inspectio		Г				MD.
#255	三十八		death results		ral causes	Accident		Autopsy	Homici			Inquiry L		nd in my op	Pinion	
EXA CERTIF DICD BILL DIRECT	砂竹		geam resum	- Nac	oral caoses,	Accident	, Suici				Undete	ermined mani	ner [_].			
CAL EXA THE CER SHOULD FIRAL DIR	_33		ACTUAL SIGNATURE	2des	and h	1.20	How	- 44.0	DEPL			C. 1. E. 1		DATE	DULY 1	19.198
SHOW SHOW IN THE PARTY OF THE P	SEAT SEAT			-				M.D.		20 M 100	WEST	WASH!	NG TON	SIGNE	EET	75170
MEDI CUTE FUNE	AFTER DEATH WITH THE S BALTIMORE, MENTAL D.		EXAMINER'S (TYPE OR PRI	NAME EDWA	RD W. DI	TTO, I	11, M.D.	ADI	DRESS	HAGE	RSTOV	VN, MAI	RYLAN	ND 21	740	
TO ME EXECU PAGE TO FUI	BAI	23a. Bl	JRIAL, CREMA	TION, REMOVAL	23b DATE	23c.	NAME OF CEME					CATION				
07/84 BP	7.4	(SI	Buri	al o	July 20.10	1000					CITY	ORTOWN	2 1.	coul		STATE
25M DHMH -	17	24 FL	NERAL DIREC		1/00 PM	Rec	easant V	IEW IV	1 e III C	250. DATE	REC'D. BY	REGISTRAR	Inshu 236 REGI	STRARS S	ignature	W.V.
(VR A15 M			NAME Rr	own Fune	ral Home	Inc. M	artinsbur	or Id W	30	11 - 67-			-			
		-	DI	O WIT I GITE	TOT HOME	- and Call	ar arrisour	5. W . V	- 44	+ 4		A A		- A	South Co.	

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.U.W. III, DITTO, III, M.U.

DHMH - 16 60M 7 8 G (VRA 15, 4)

212073

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REONO.	2	-	ì	2	(
-	KEGENO.					

	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 15 1 2								
	T. DECEASED NAME	Naomi 4 RACE	SNOW BALL	RECONO. 20. DATE OF DEATH MONT 6 AGE (IN YEAR LAST BIRTHDAY)	1985 35gm				
ı	/Female	Negro	5-22-98	87	YRS. MONTHS DAYS HOURS MIN.				
ŕ	TO BIRTHPLACE INTALLORS		OUNTRY? 8	9 BALTIMORE CITY OR CO					
7	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Machinat	In Countil MD.				
P	OF DEA		L, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)	12a USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY				
1	Hagerston	n Avalon	Moner Inc.	Housewife	Home				
ř	138 STATE	DME OR OTHER INSTITUTION GIVE RESIDENCE COUNTY	PENCE BEFORE ADMISSION) Y OR TOWN 13d, INSIDE CITY LIMITS?						
2	Maryland		ederick YES X NO [28 W. All	Saints St. Fred				
j	14 FATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	MIDDLE	LAST				
ſ	Calvin		olfe Ruth		Ricketts				
)	160 WAS DECEASED EVER I	N U.S. ARMED FORCES? 16b SOI (IF YES, GIVE WAR OR DATES)	CIAL SECURITY NO. 17 INFORMANT Md	. 21403 ADDRESS					
H	No	218		es 1283 Graf	F Ct. Annapolis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART								
7	OV9 ATTHE DATE OF OPERAT	ION 196 CONDITION FO	or which operation was performed	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED				
	OH I			YES NOTA	CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTION C	AUSE OF DEATH HOUR A.M. MC		JRRED (ENTER NATURE OF INJURY IN IT	EM IS PART I OR PART 2)				
	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR NOTIFY MEDIC 21d. INJURY OCCURR	LE CAT HOME STREET, FACTO		CITY OR TOWN	COUNTY STATE				
	sow the decease	(this hospital) attended the deceased alive an arrow the body after deciding t		n death occurred on the date or	nd hour and from the causes stated				
	MA SIGNATURE WWW	Lest Mp	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED				
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	22e ADDRESS						
	23a BURIAL, CREMATION, F	REMOVAL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	dough				
	Burial	7-26-85	Fairview Cemeter	y Frederick	Frederick Md.				
	24Dotto lasost	auffer, 1621	Opossumtown Pike 50 D	ATE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE				
u		Maryland 217		1111 2 0 1005	" Lowdon Randell				

16 cc = 1 - 15 3/1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGI	STRAR				CERTIF	CATE OF DEATH	8 R. N.	0. 2	1	la	1
	1. DECEASE	DECEASED NAME FIRST		Ray MIDDLE		LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR 23	1.0
1		Helen		R.		snyder		July 1	0, 1989	5		ам
1	3. SEX	3.SEX 4.RACE White			5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.			
	Fema					June 30, 1896 MARRIED NEVER MARRIED		89 YRS.				MIN.
	70. BIRTHPL	76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?		WHAT COUNTRY?	9. BALTIMORE CITY OR COUNTY OF DEATH							
2	Maryl	,		USA		WIDOWE		Washington				MD.
1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS JIF NOT IN SUCH FACILITY, GIVE STRE			H FACILITY, GIVE STREET			12a USUAL OCCUPAT	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINES	SOR	
Ц	- C	Hagerstown		Western Marylar				housewife				
1	130 STATE	Total Control		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Hagersto	WN 134 INSIDE CITY LIMITS? 136 STREE		13e.STREET ADDRESS Jefferso	REET ADDRESS / ZIP CODE Jefferson Blvd. 2		21740		
7	14 FATHER'S NAME					15 MOTHER'S MAIDEN NA						
1	Joseph MIDDLE Gorsucl		Gorsuch	ı İda		Mae		LAST				
8				RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 173–03–0		RITY NO.					_	
	No (YES, NO					463			lancock,Md.21750			
	18. C/	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and								BETWEEN	MATE INTERVA	AL EATH
	P/	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute Pulmonary edema				less	than	24hr		
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (b) Conges			stive heart failure				less	than	_24hr	
	couse tol, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease							many	year	S		
	PART	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
1		190 DATE OF OPERATION 196 CONDITION FOR WHICH			OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		?		
_	210 /	ACCIDENT WAS UN	DERLYING [1 216 TIME O	F IN JURY		21c. HOW INJURY OCCURR				140	
3	0 ""				M MONTH DA	Y YEAR	The state of the s	TELEVISION OF DE LANC				

NOT WHILE

21e PLACE OF INJURY

211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.)

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

19_85

that in (my) (XXX opinion death occurred on the date and have and from the causes stated

COUNTY CITY OF TOWN

STATE

22b. SIGNATURE

U. Porciuncula, M.D.

220.1 certify that (this hospital) attended the deceased from saw the deceased plive on JULY IV above, (I) (XXdid) (dXXX view the body after death

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

10/85

should be detached for use with the State Dept of Heal IMPORTANT: If Item 21 is m 230. BURIAL, CREMATION, REMOVAL

18 sh@ or Hem

marked

buria1

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

July 12,1985

Rest Haven Cemetery Hagerstown, Wash., Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

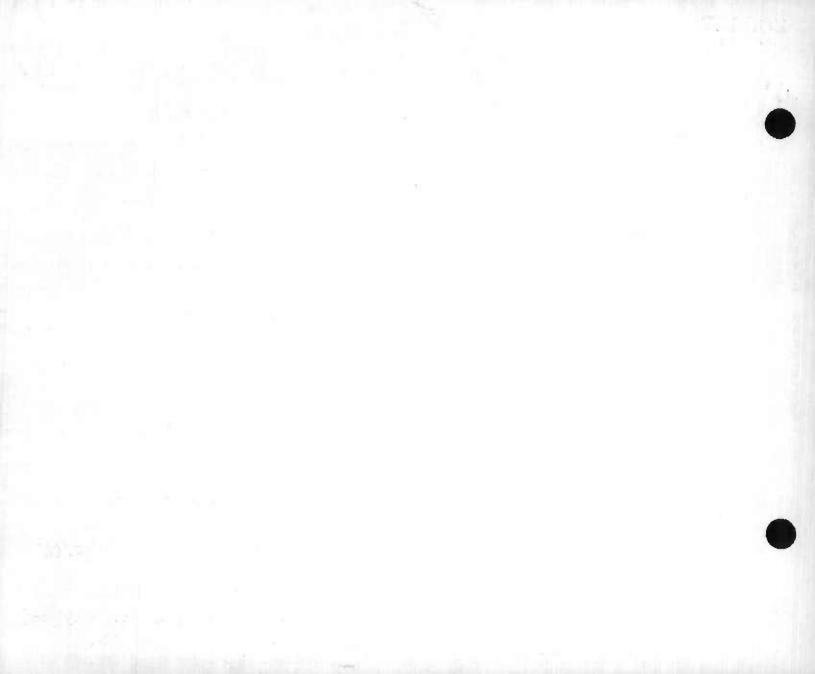
STAFF

1500 Pennsylvania Avenue, Hagerstown, MD21740

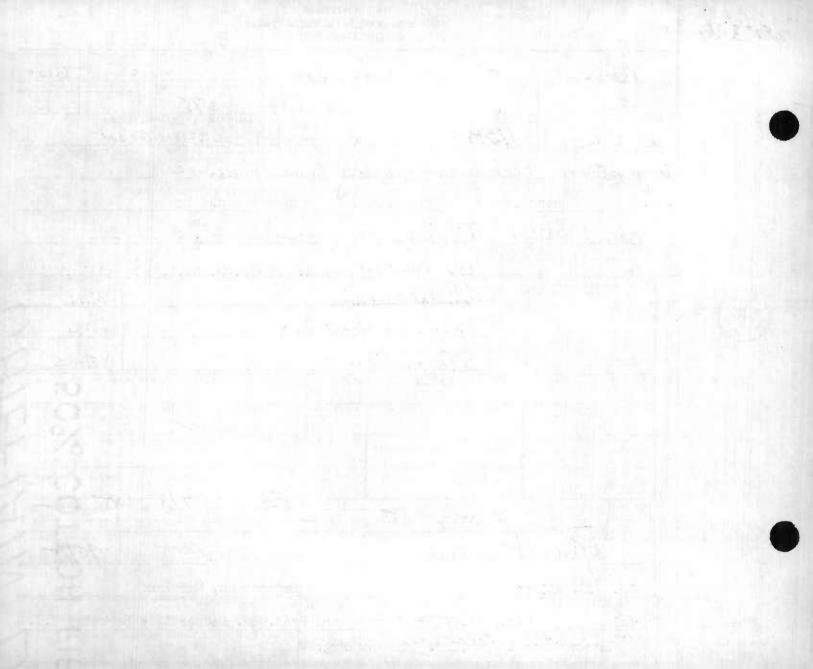
Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120



DHMH - 16 50M 4/83 (VRA 15, 4)



- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND M

ENTAL HYGIEI ATH	NE 8	RG. I	10.	2 1
2	DATE OF	DEATH	MONTH	DAY

CERTIFICATE OF DE REGISTRAR 1. DECEASED NAME LAST TYPE OR PRINTS 1:30 July 31, 1985 Harry Pat SPRANKLE 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR February 21, 1927 white male 58 BIRTHPLACE (STATE OR FOREIGN 7b CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED **IISA** Maryland Washington WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! city gov't. Hagerstown 11 N. Mulberry Street USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136 CITY OR TOWN 13e. STREELADDRESS Mulberry St. 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? Washington 21740 Maryland Hagerstown YES X NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Grace Miller Harry Sprankle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 215-20-8048 Phyllis Sprankle, Hagerstown, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY nun IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY

YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY NOT WHILE

HOUR A.M. MONTH DAY YEAR

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_

27h. SIGNATURE

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

obove, (1) (we) (did) (did not viewithe body after death

burial

MEDICAL

AUG 5

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

Aug. 5, 1985

23c NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

DEGREE

CITY OR TOWN

BP.

DIVISION OF VITAL RECORDS, 201

DHMH - 16 50M 1/81

FUNERAL

0

MPORT

MINNICH FUNERAL HOME

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Fichia Davidson Bondate

Hagerstown, Wash., Maryland

COUNTY

(VRA 15, 4) Wilson Blvd., Hagerstown, Md. 21740

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

ld b

24 FUNERAL DIRECTO Funeral Smithsburg Md.

July 29.85

23b. DATE

224. PHYSICIAN'S NAME (TYPEOR PRINT)

Cremation

230. BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

Smithsburg, Wash, Md.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Smithsburg Crematory

2b. HOUR

HOUR5

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

DAYS

INDUSTRY Cars

Bricker

NO [

STATE

STATE

Pike

COUNTY

27L DATE SIGNED

and the second of the second o normal and NAME AND DESCRIPTION OF THE PARTY OF THE PAR The state of the s Charles of the State of the Sta All the second of the second o

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	210	
8	REG. NO.	1
	REG. NO.	

- 1-	REGISTRAR				REG. NO.	Eve I
	DECEASED NAME	FIRST	Genevieve	D 12 0 10	20 DATE OF DEATH MON	DAY YEAR 26 HOUR
3. :	SEX C	4 RACE	S. DATE C		A AGE INVENTAGE OF BILLION	IF UNDER LYEAR IF UNDER 29 HI MONTHS DAYS HOURS MI
4	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Washington	
11	togers to w	(IF NOT IN SU	HOSPITAL, NURSING HOME (CHEACILITY, GIVE STREET ADDRESS)	KM. SX	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
	SUAL ROSIDENCE (IF NURS STATE Maryland	SING HOME OR OTHER INSTITUTION 136, COUNTY Washington	GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR FOWN Hagerstown	YES NO	13e.STREET ADDRESS / ZIF 21 Valley	
27	FATHER'S NAME FIRST William	Vinson	Dieterich	15 MOTHER'S MAIDEN NA	Pearl	Cottrill
/	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (#FYES GIVE WAR OR DATES)	214-09-9042	Charles S	ADDRESS. Starliper, I	Hagerstown, Md.
	18 CAUSE OF DEAT PART I, DEATH W	IMMEDIATE CAUSE (0)	Fact ones	tue Far	hue	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony gove rise to improve couse (o), stotic underlying couse	, which (b) mediate and the DUF TO C	RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF CONSTRUCTOR	arley	Jackerie, Leiserre	you's
Z		NIFICANT CAYDITIONS C	ONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TORY	MINAL DISEASE OF GONDITH	ON GIVEN IN PART I (a
Ferrescal	19n DATE OF OPERA	TION 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		6. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
7 8	210. ACCIDENT WAS UN		OF INJURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)

- STATE

COUNTY

OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

220.1 certify that (1) (this hospital) attended the deceased fro

HOUR A.M. MONTH DAY YEAR P.M.

19

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

sow the deceased alive on above, (1) (we) (did) (did not view the b

24 FUNERAL DIRECTOR

ATTENDING PHYSICIAN T 22e ADDRESS

DIRECTOR PHYSICIAN

BP.

TO FUNERAL DIRECTOR: should be detoched for us with the State Dept of He

TENDING PHYSICIAN:

18 sho

arked or He

MPORTANT

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE burial

July 6,1985

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

DEGREE

CITY OR TOWN

MEDICAL

Hagerstown, Wash., Maryland

MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740

THE PROPERTY THE ATTENDED TO THE PARTY OF TH

Clearspring Md.

DHMH - 16 50M 4/83

(VRA 15, 4)

Thompson Funeral

Home

STATE OF MARYLAND

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BP

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

13e STREET ADDRESS / ZIP CODE 21740 Edgewood Dr. Peters Chewsville. Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE est, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF 27 PHYSICIAN DIRECTOR PHYSICIAN W. M. Fender A clam St. He gar town Mt. Hope Cemetery or CREMATORY 230 BURIAL, CREMATION REMOVAL ISPECIFY) Burial Aug. 1, 1985 We ob City COUNTY Mo A 74 FUNERAL DIRECTO Davis Funeral Home ADD Smiths burg, Mg. 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. H. Smilhabella Me

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

29

IF UNDER I YEAR

DAYS

INDUSTRY

12h KIND OF BUSINESS OR

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The state of the s

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

192014

FOR

STATE
REGISTRAR

1. DECEASED NAME

4. RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 1 55 MIDDLE 5. DATE OF BUTH IF UNDER I YEAR IF UNDER 24 HRS Caucasian MONTH O3 HOURS PAY YEAR 14 DAYS

		RIHPLACE +STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR C	OUNTY OF DEATH			
	1000		TT CI A			Washington County				
			11. NAME OF HOSPITAL NURSIN							
	1	200 (80)	I IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS		LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY				
₫					sing Home	Homemaker	Home			
	USUA 13e S				13d INSIDE CITY HAITS?	13e STREET ADDRESS / ZI	P CODE			
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	1		Dawson		Blanche		h Hull	170		
1				RITY NO.	17. INFORMANT	ADDRESS				
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			DUE TO, OR AS A CONSEQUE	NCE OF		1.	. 4.10			
			(b)	nte	MSCIONS+	(Corres	Vascular &	Seace		
		couse (a), stoting the	DUE TO, OR AS A CONSECUT	NCE OF						
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П		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART 110			
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5	E V	190. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED					
	핊									
	ER	71a ACCIDENT WAS UNDERLYING	215 TIME OF INJURY		216 HOW INJURY OCCURR					
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r.	₫			19						
				ARM, ETC)		CLTY OR TOWN	COUNTY	STATE		
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		sow the deceased alive on above. (1) (we) (did) (did no) view the body ofterdeath	, or	nd that in (my) (our) opinion o	death accurred on the date	and hour and from the c	couses stated		
			10 /18		DEGREE		22c. DATE	SIGNED		
S	-	1) - Wa	latur /1/1/5/	1 Eurs			VI /	16/81		
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	~					5 1986 Gala	Davidson-North	4		
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Mt. Olivet Cemetery

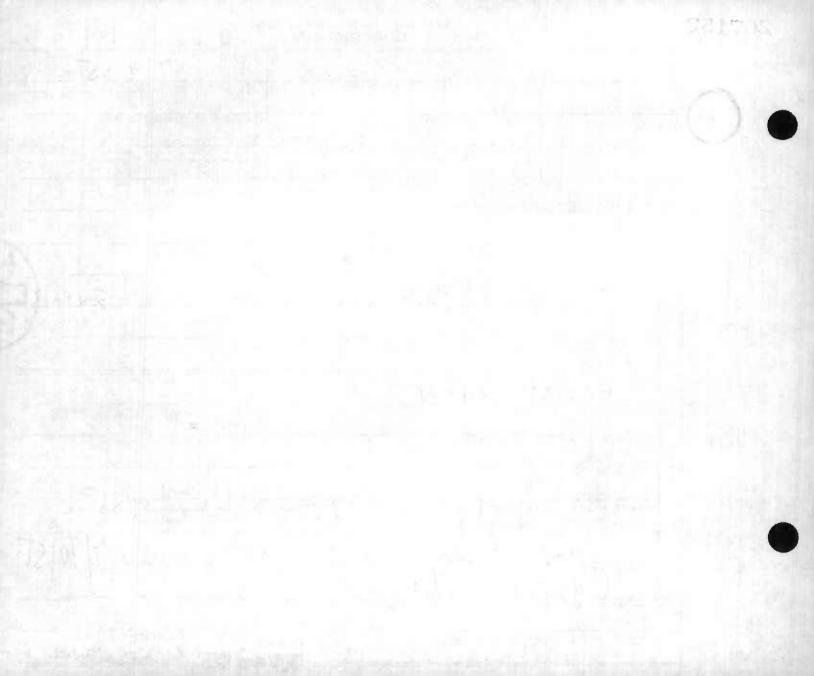
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR G. Douglas Stauffer 1621 Opossumtown Pk. Fred. Md.

Frederick Fred

2b. HOUR

state.



217117		FOR STATE REGISTRAR	Tec. 1. July 1	RTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5 REG. N	2	1 1	3 6
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oge 4 mc rector. p	3. SE	Female	4. RACE Caucasian	S. DATE C		6 AGE (IN YEARS LAST BI	YRS.	DNIHS DAYS	IF UNDER 24 HRS
The state of the s	33	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CHIZEN OF WHAT COUNTS $U.S.A$.	MARRIE		9 BALTIMORE CITY 9 Washing		OF DEATH	м
by the fulled with	,	Boonsboro	11. NAME OF HOSPITAL, NUR Reeders Memo	rial Ho		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOMEMAK	ION DE WORKING LIFE) CET	12b. KIND O INDUSTRY	F BUSINESS OF None
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ompletely	14 F	THER'S NAME Frederick	MIDDLE Erdenbra	cht	Catherin		I	Fogle	
on ond co	160	VAS DECEASED EVER IN U.S. /			Nr. Laurence		794 Che rederic		Oak Ct 21701
physicic mpopers movol.		PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), SED BY: HATE CAUSE (a)	ond ich	n houn	inia		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
quires that the death signed by the ottens hen please remove as to buriol, cremation, i jury, or other trouma	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSECUTION OF THE TOTAL OF	DUENCE OF	Organic Rr				11
he low re ion. the permit. I inene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, YES	WERE FINDIN	IGS USED OF DEATH?
SICIAN: T ng physici certificate unol-tronsi ental Hygi	MEDICAL CE	? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	TIORPART2)	
NG PHY offer this os the but thoud M	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AI HOME STREET FACTORY, OFFIC	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
ATTENDI spitol or CTOR: A I for use of Heol		sow the deceased alive (above, (1) (we) (did) (did	spital) attended the deceased from an19 nat view the bady after death.		d that in (my) (our) opinion	death occurred an the d	ate and haur a		that (I) (we) lost causes stated
HOSPITAL OR inted by the hor FUNERAL DIRE full be detached in the Store Dept ORTANT: If her		226. SIGNATURE 226. PHYSICIAN'S NAME (11P)	J Jun	4	ATTENDING PHYSICIAN [MEDICAL STA		July	18,198
TO HOSP retained TO FUNI should by with the		Andre	ew)- 6un	n M.D.	Keedysvill	e, Washingt	on Co.	Maryla	and
BP	230	BURIAL, CREMATION, REMOVA SPECIFY BUrial			EMETERY OR CREMATORY Dlivet Cemete	23d LOCATION CITY OR TOWN Freder	ick, Fr		
DHMH - 16 50M 1/B1 (VRA 15, 4)	R	E.Dailey & Son	West 1201	N. Mai	rket St.	28 1985	A 17 1	R'S SIGNATU	RENDER

212063

must be notified at once.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Cress .			

	REGISTRAR										
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3		4 RACE				6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS		
		whi	te			87	YRS.		HOURS MIN.		
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	gove rise to immediate	(b)			THE NAME	Ladar		- 4	164		
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		(c)						1415			
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	OR CONTRIBUTING CAUSE OF DE.	ATH.									
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		JAT HOME STREET.	, FACTORY, OFFICE, FARI	M, ETC)	PIMEEL	CHI ON TO		COUNT	STATE		
	22a I certify that (I) (this hasp	tol) attended the d	deceased fram		19.87	_, to _ 7-75	. 15	95	that (1) (we) last		
н	saw the deceased alive or	7-25	lor doub	or	nd that in (my) (our) opinion d	leath accurred on the do	ite and hour c	and from the	couses stated		
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\exists	22d PHYSICIANS NAME COME	Head No				JIKECIOK LI PHISIC		1	226		
	A POLY	(10) 1-			/	Λ		1	4.)		

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

74 FUNERAL DIRECTORMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

July 27,

23a. BURIAL, CREMATION, REMOVAL

buria1

1985

23 LOCATION
CITY OR TOWN
Hagerstown, Wash., Mary land Rest Haven Cemetery BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- suitdson- fandell

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE 212075 MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME AZE, HOUR 20 DATE KNOWN (TYPE OR PRINT) TOPRANI ESTI-E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, AMAR **MAYANK** JULY DEATH MATED 6:118 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUF 2c. DATE LAST BIRTHDAY July 4, 1985 PRONOUNCED ELAY IS NECESSARY, P O THE FUNERAL DISE PAGE 5 FOR YOUR SE FILED, WITHIN 72 H :11P Male Hindu DEAD 7a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X Kx Pennsylvania USA WASHINGTON IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Washington County "Hospital FOR MOST OF WORKING LIFE OR INDUSTRY Hagerstown HOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR CHIEF MINITATION, QIVERESIDENCE BEFORE ADMISSION)
130 STATE 1236 COUNTY WASHING COUNTY OR TOWN 13d. INSIDE CITY LIMITS2... 6 Wynote Dr. 21740 Maryland Hagerstown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Neelam Joshi Mayank Toprani 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mavank Toprani /United Arab Emirates none no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CONGENITAL HEART DISEASE 9 DAYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO C ARDED TO THE CAGE 3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER; THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; WAFTER DEATH, WITH THE STATIMORE, MARYLAND 23 22a I certify that I took charge of the remains described above, held an Autopsy XX death resulted fram Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED JULY 15,1985 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME HAGERSTOWN, MD. ADDRESS 217W. WASHINGTON ST. (TYPE OR PRINT) EDWARD W. DITTO 11 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR Cremation Smithsburg Crematorium Smithsburg Washington Maryland 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE **DHMH - 17** Major M. Osborne (VR A15 ME (5)) Williamsport.

TO THE STREET OF THE STREET STREET STREET STREET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

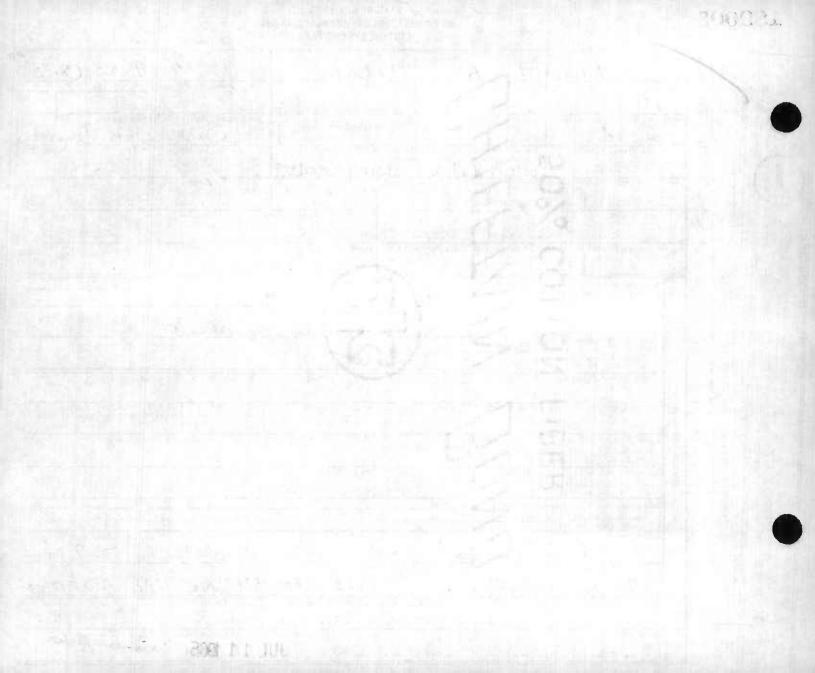
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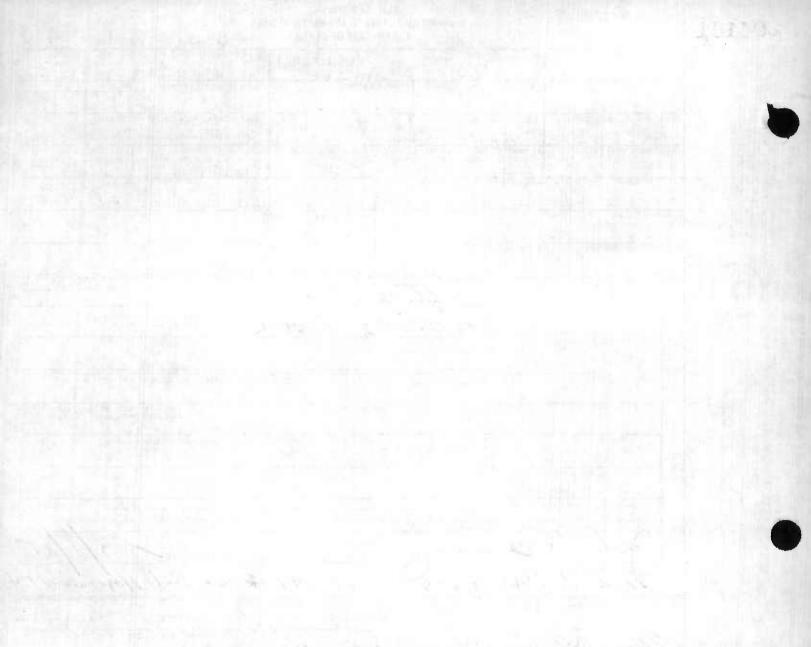
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:SEX	M				S. DATE C	OF BIRTH DAY YEAR	O AGE (IN YEARS LAST BI	[HDAY]	MONTHS DA		
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0 CI	TY OR TOWN OF DEAT	'H 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIN		INESS OR
	agerstown		olton	VII Q		ling Center	governmen	DE WORKING	Dept	. of	Defe
30 S	TATE	IG HOME OR C	THER INSTITUTION	136 CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CO	DE		
M	aryland	Wash	ington	Funkstov	vn.	YES X NO			more S	t.	2173
I. FA	THER'S NAME		UDDI 6	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	100			
	Richard			Urbar	1	Josephine			Sc	hman	ski
6a V	VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
	ES, NO OR UNKNOWN)			213-09-7	7357	Dorothy C. U	Irhan Funk	stown	Md		
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ε	MALE NOT WHIL	E 🗍 3	LAT HOME STR	REET FACTORY OFFICE, F	ARM ETC)	STREET	CHAOKI	IWN	COUNTY		STATE
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la. B	URIAL, CREMATION, R	EMOVAL	236. DATE	23€. №	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1.01.11		57,00
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FL	JNERAL DIRECTOR	MTNN		ERAL HOM			REC'D. BY REGISTRAN	lare acce	STRAR'S SIGN	VATHRE	
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DHMH - 16 60M 7/B (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM





DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DAY	YEAR	2b	HOUR	e			

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of one of one.	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WIDOWE		Washine Washine				
Hagerstow		gerstown	11. NAME OF HOSPITAL, N (IE NOT IN SUCH FACILITY, GIVE Colton Vil		sing Center	OTHER INSTITUTION 12a USUAL OCCUPATION				
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ampletely and 2 sl	14 F#	Charles		ger	Rosa	MIDDLE		tter		
medical		VAS DECEASED EVER IN U.S. AR (IE YES, GIV			Donald R.	Russell		irginia Ave stown, Md.		
embred the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a), ED BY. TE CAUSE (a) Metas		arcinoma fi	rom the 1:	iver	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTHS		
ed by the attendir		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEOUENCE OF						
ingte has been significate has been significansit permit. Then p. Hygiene prior to buil 18 shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT (196 CONDITION FOR V			20a AUTOPSY?	20b. IF YES, W	PART TO		
	-	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	YES [
the burial-t and Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		DEFICE, EARM, ETC.)	215. LOCATION STREET	CITY OR TO	IWN	COUNTY STATE		
TOR. Am for use os af Health 21 is mar		22a. I certify that (I) (this hasp saw the deceased alive an	T 7 7	A F	cbruary 19 60 d that in (my) (our) opinion	to July	7	85 that (1) (we) last ad from the causes stated		
AL DIREC detached ate Dept. IT: If frem		276 SIGNATURE	- Ducch	" Dorw	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	7/30/85		
TO FUNERAL should be det with the State IMPORTANT:		Howard N.	Weeks, M.D.			Northern erstown, M		e		
F 8 8 S	23a. 8	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8-1-85	Rest H	emetery or crematory aven Cemete	23d. LOCATION ry Hagers	town, W	ashington, M		

DHMH - 16 60M 7/84 (VRA 15, 4)

A.K. Coffman Funeral Home, Inc.

FOR STATE

8-1-85

Rest Haven Cemetery Hagerstown, Washington, Md.

Hagerstown, Mora DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HOW SELECTION OF THE SECOND Maryland Dus.A. The continue of the Research o .ova statestly era 220-68-1781 Donald B. Bussell . Bacaratown, Md. Herial Hall Seet Saven Constony Georgeous, Sashiboton, Md.

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A. R. Coffman Rundral nowe, Inc.

214088	1.	FOR STATE REGISTRAR		DEF	PARTMENT OF	E OF MARYLAND LEALTH AND MEN ICATE OF DEA	TAL HYGIE	(b) 12°	2	1 1	4 2
euth be			FIRST Elean	19r ARDY	Hardy	Wrigh	+ 2	DATE OF DEATH	MONTH D	985	26 HOUR 1 45 A M
ge 4 mo	1. SE	EMALE	4. RACE CAU	CASIAN	S. DATE O		1904	AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
tong din	1	RTHPLACE (STATE OR FOR COUNTRY)	UV U	N OF WHAT COUN	MARRIE WIDOW	D NEVER MARI	RIED 7	WASHING			MD
1972	10. €	LLIAMS PORT	11. NAA	ME OF HOSPITAL, NOT IN SUCH FACILITY, GIVE	URSING HOME (OR OTHER INSTITUT	TION I	20 USUAL OCCUPAT TYPE OF WORK FOR MOST	ION OF WORKING LIFE	126. KIND O INDUSTRY	F BUSINESS OR
	13a.	AL RESIDENCE (IF NURSING		13c. CITY OF	E BEFORE ADMISSION)	134. INSIDE CITY L		30. STREET ADDRESS 905 Mar		90	1999
and work		THER'S NAME FIRST Francis	Marior					Elizabeth		las He.s	SS
Popular Popula		vas deceased ever in yes, no or unknown) No	U.S. ARMED FOR IF YES, GIVE WAR OR D		SECURITY NO.	James	W. Wr	905 Pight-Mart		nd Aven	
ow requires that the dath or been signed by the attachment. Then planse remove call prior to burial, cremation, or day tillury, or other traumore.	CERTIFICATION	Canditians, if any, v gave rise ta imme- cause Ia1, stating underlying cause PART 2. OTHER SIGNIE	chich diate the lost. DUE	TO, OR AS A CON (b) TO, OR AS A CON (c) DNS CONTRIBUTION CONDITION FOR V	SEOUENCE OF			AL DISEASE OR CON	20b. IF YES	, WERE FINDIN	NGS USED
A Property A	MEDICAL CERTIF	210. ACCIDENT WAS UNDER		TIME OF INJURY		21c HOW INJUR	Y OCCURREI	YES NO	YES	5 🗌	но 🗌
NO PHYSICIA otherding ph the this certifi as the busiol-th th and Mental		OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED ILE NOT WHILE AT WORK	EXAMINER)	PLACE OF INJURY	19	211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
OR ATTENDE he hospital or DIRECTOR A nathed for use Direct of Health	18	27a. I certify that (1) (1) saw the deceased above (1) (we) (did 27b. SIGNATURE	alive an	e body after death.		DEGREE		ath accurred an the a			
HOSPITAL Insed by t FUNERAL Wide be den In the Storie		John R.		ulling		PHYS 72e ADDRESS	162	220 Freder	ick Ro		
199999		BURIAL, CREMATION, RE	MOVAL 236. D	Eller Coll Co.		EMETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN		COUNTY	20760 STATE
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2 - 11. 11. FLOWER THE MANAGEMENT SELECTION OF STREET THE RESERVE THE PROPERTY OF TH